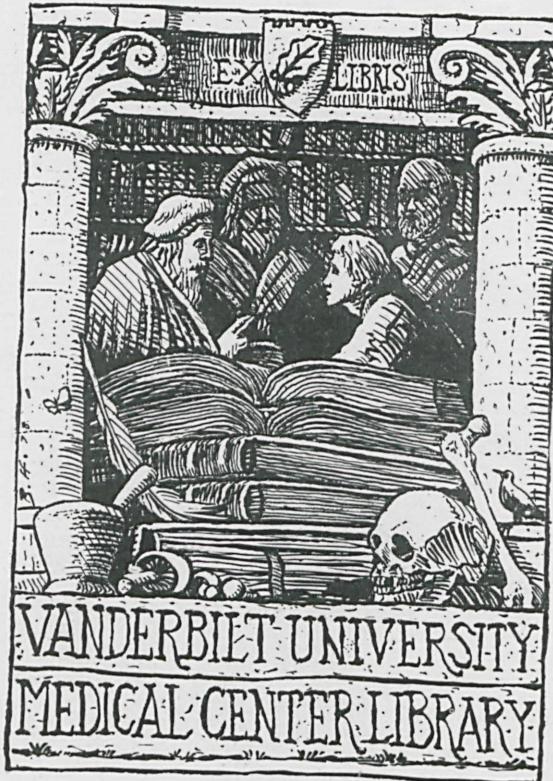




WA390  
S933  
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121269

CRAZY QUILT  
FINAL REPORT

APPALACHIAN STUDENT HEALTH  
COALITION

September, 1978 - September, 1979

Center for Health Services  
Station 17, Vanderbilt Medical Center  
Vanderbilt University  
Nashville, Tennessee  
37232

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# —THE GANG—



First Row: P. Jacobson, G. Winter, R. Purdy, B. Richards, D. Goetz,  
R. Barr

Second Row: T. Byrd, M. Howell, M. Hepler, M. Batson, C. Osborn, P.  
Reuling, M. Murphy, M.F. Haerr, K. Carlson, S. Peters, S. Downey,  
M. Murray, K. Kane

Third row: V. Rappaport, J. Barnes, G. Hammer, M. Drickamer, L. Watkins,  
S. Sobel, J.L. McLeary, J. Buchanon, B. Little, J. Garshman, M.  
Levine, S. Hale, P. Olson

Fourth row: W. Jones, L. Marks, L. Shepherd, C. Skinner

Appalachian Student Health Coalition Participants  
Summer 1979 Schedule

ii.

Co-directors

Gwen Hammer  
Kandy Kane

Community Organizers

Jennifer Garshman - Mulberry all summer  
Mary Frances Haerr - Kepler all summer  
Margaret Levin - Mulberry all summer  
Janet Lynn McCleary - Kepler all summer  
Carol Osborn - Wallins Creek all summer  
Pat Reuling - Wallins Creek all summer

Dental Hygienists

Linda Watkins - Health Fair team  
Susan Leigh - Health Fair team, except June 10-16 and July 1-7  
Suzanne Hale - Health Fair team, except June 17-30

None will not be in  
Mulberry until June 8th

Engineer - Flood control and Land issues

Bill Barron - Harlan County all summer

Law Students

Dan Hindert - Harlan County all summer  
Gus Winter - Health Fair team  
Mike Murphy - Health Fair team, except July 3-6

Medical Examiners - all are with the Health Fair team

Joe Barnes	Whitney Jones
Russel Barr	Barbara Little
Miller Batson	Margaret Murray
Tom Byrd - except June 6-15	Stephanie Peters
Karen Carlson	Ray Purdy - Except June 6-15
Margaret Drickamer - except June 6-15	Valarie Rappaport - except June 6-15
Diane Goetz	Bruce Richards
Laura Griggs - except June 6-15	Linda Shepherd
Merrilee Hepler	Chris Skinner
Margaret Howell	Steve Sobel
Peter Jacobson, except June 6-15	

Medical Technologist

Karen Kendall - Health Fair team, except for all follow-ups

Receptionist and Supplies Coordinator

Libby Marks - Health Fair team, starting June 11th

Respiratory Therapist

Paul Olson - Health Fair team, except June 6-15

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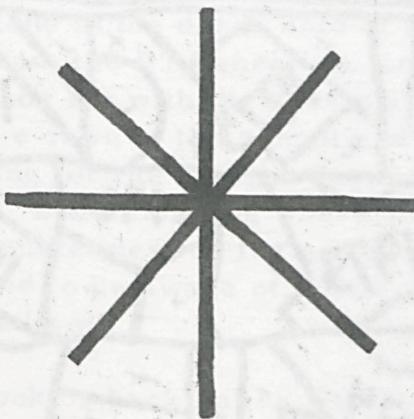
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## INTRODUCTION

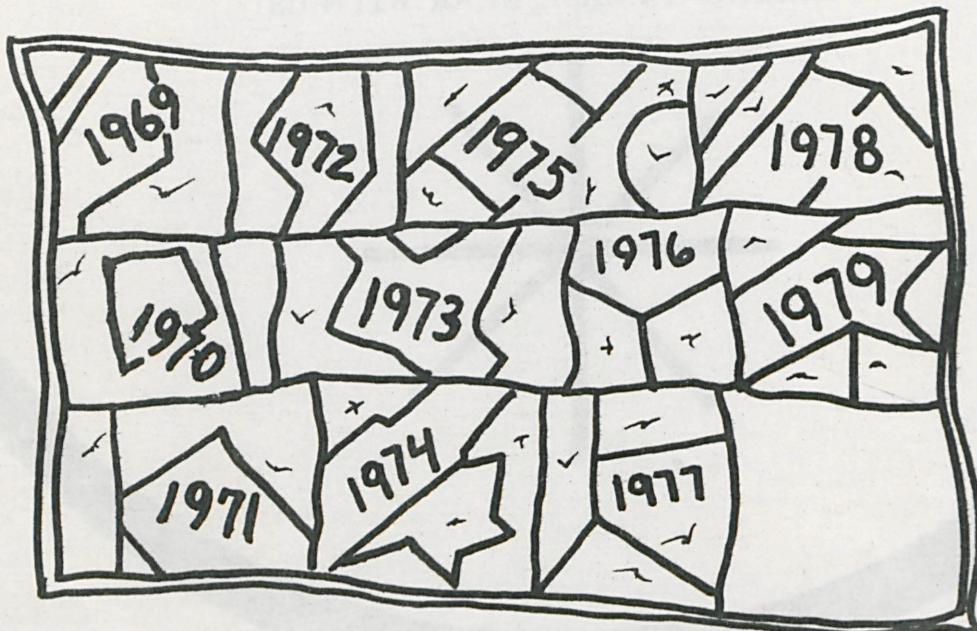
The hardest part of the Coalition work is to sit down and recap the year in a final report. There are so many different ways to view what has happened and is still happening. Together Karen (Kandy) Kane and I, Gwen Hammer, have tried to present the 1978-1979 Project year. Kandy has been back at school in Davis, California since September, and I here in Nashville. Through long distance mail we have pieced this report together.

! WARNING- PLEASE BEAR WITH US!



We chose a theme for the final report. The theme is the crazy quilt. Kandy and I saw a direct comparison between the crazy quilt and the Coalition. The Coalition is a crazy quilt of brightly colored, unusual episodes. During the past year, experiences were patched together by new and fantastic happenings. Old, new, happy, sad, unexpected bits of the 1978-1979 project have been sewn together in a strange, exciting, rewarding juxtaposition throughout the year. The only coordination of design was the selective and instinctive good taste of the crafters, who were the co-directors, students, faculty, community folks, foundations, and other general supporters.

The art of storytelling is the key ingredient to keep the crazy quilt going. Such is the history of the Coalition. What would it be like without the stories, good, bad, wild, funny, sad, crazy, and musical? They are what made us progress with our work, keeping sanity to the long, hot days in hard conditions. Throughout this report we have mixed in with the structure recounts of the students experiences with the families they lived with and daily episodes in the Coalitioners' lives. To those who did not work with the Coalition, these recounts will seem meaningless. But, this final report is not only for the foundations. It is also for the students.



## POPULAR CREEK ELEMENTARY SCHOOL

Learning was the key aspect that after thinking about what happened with the Coalition hits us directly as we recollect the year. Kandy and I matured. We learned from our mistakes in a way that hardened us. The amazing aspect about the Coalition is, IT IS REAL! It is not a plastic-type setup in which a button flashes you to the right answer, or the teacher puts a red X by your statement. We are dealing with people and daily life situations. Our knowledge is mainly from experience. Textbook definitions are hard to find when you are on the road and dealing with a potpourri of life situations. This flashes back in mind an episode to bear my point. This episode is a typical reaction that the Coalition almost always encounters when approaching a new community.

Kandy and I, with two other students, attended a PTA meeting in Wallins Creek, Kentucky less than two months before our summer project was to begin. We had been to Wallins Creek monthly since our first December meeting. Kandy and I were dressed modestly in clean corduroy slacks and appropriate tops. About two seconds before entering the meeting, the sick thought passed through our minds, we should of worn skirts. There was no turning back, we had driven seven hours to get to the meeting. We were on our own and had to handle it. The meeting did not go well. Retaliation, distrust, and a general feeling of hippies in our town was the overall drift. I honestly sensed a Harper Valley PTA! During this meeting we had no "instructor" to turn to, it was not an institution that recognized students were working and learning. The situation was real! Kandy and I dealt with the situation to the best of our ability. Looking back we really grew and matured a lot that night. Standing alone in the dark, cold of the night after "politely" being dismissed from the PTA meeting, one of the nuns from the area, phones already hot with the gossip about us, got wind of the situation. She came down to the school and found us in the road. The nun gave us housing for the night. Warm in the kitchen, Kandy and I talked for hours, contemplating where we had failed. From this discussion came guidelines for the summer that the students needed to be aware of. One of the big ones - professionalism!

Now, months later, looking back on the situation, we handled it very well, and learned. From our bad experience, we again approached Wallins Creek, were accepted, and presently due to direct



Appalachian Student Health Coalition involvement, the community has formed a health council, become active, and as of October received its Certificate of Need for a clinic.

In this day and age, living in a college community, many of us take for granted our acceptance because we have never had to stand up and fight for our rights. Times now are passive, people generally apathetic. From the summer came an issue--we are who we are. People need to accept us for what we have to offer and share with us, themselves.

Orie Perkins' letter on the next page exemplifies a common hurdle we encountered. HIPPIES! In reality, I really do not know what a hippie is. As far as I am concerned we are all individual people living in a land of freedom, doing our own thing. Unfortunately, the Coalition is often stereotyped before we can prove our point. It is amazing the Coalition accomplishes all it does, considering the opposition that is usually met.

The Coalition, for those students, community folks, and faculty, honestly into what we are doing, is an experience. By the end of our stay in communities, people love us and cherish when we will return. Learning and mistakes are all accepted. Trust, knowledge, and acceptance have won.

---

Who could forget how we were not allowed to use the kitchen when we first arrived at the Poplar Creek School, then several days later the principal was donating school food to us, giving us free use of the kitchen facilities.  
Good 'ol Blue and his wife.

## POPLAR CREEK ELEMENTARY SCHOOL

Siler Route

WILLIAMSBURG, KENTUCKY 40769

6-13-79

To Whom It May Concern:

Upon the arrival of the Appalachion Student Health Coalition, my first impression was that I had a bunch of hippies on hand. I was very skeptical of the entire program, but after watching this group operate for three (3) days, I have been convinced beyond doubt that this is one of the best programs for our community that has ever been here. Many people have been afforded physical examinations that otherwise could not have afforded one. I know that by the time that our school Health Fair is over, at least 500 people of all ages shall have been given complete physical exams.

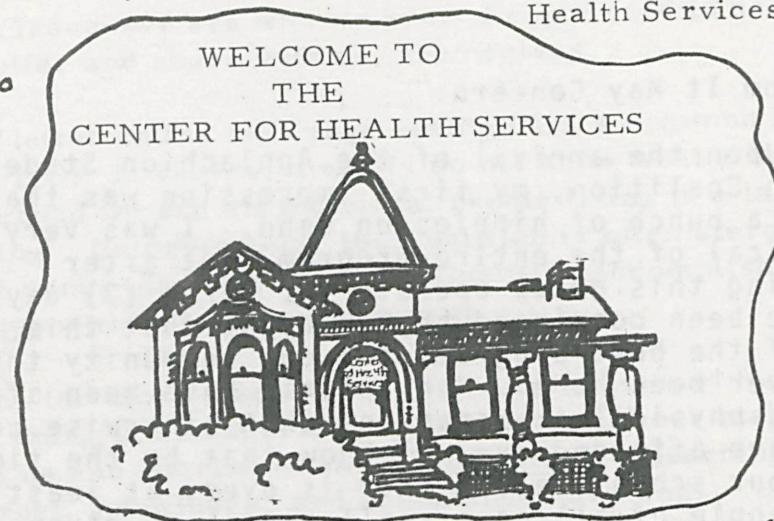
The group has been most courteous and most of all has been excellent in taking care of our school plant and facilities. It has been a real pleasure working with them and certainly they will always be welcomed in my school.



Orie Perkins, Principal

"Imagine a school where people come because they want to be there. Where people learn what is important to them as they determine it. No credits, no grades, just information and sharing at a personal level. A place where everyone is a teacher. Where knowledge is related to the power to give people more control over their own lives.

That school is here!" by Jeanne Bennion, staff member at the Center for Health Services



The Appalachian Student Health Coalition is part of the Center for Health Services. We receive many benefits from the Center. We are housed in a nice, warm, funky, well-lit building, complete with phone, paper, and typewriters. Resources of a wide range are available to us - people knowledgeable on rural health, communities, grantmanship, and education. Efforts were made during the year to bring the leaders of the various projects together. If it had not been for several individuals in the Center, our job would have been much more difficult and not half as much fun. However, as new co-directors, we felt we needed to hear a "good job" occasionally. This support system was very weak coming from the administrative aspect of the Center. Too many times we felt abused and manipulated as the project with the longest track record. Whenever the Center needed a plug, the Coalition was always used, whether it was for foundations or Vanderbilt administrators. We were often mentioned in the context of other projects' merits. As a result we did not always feel part of the center. Hopefully, in the future, the co-directors of the Coalition and the Center staff take more time to give each other support and truly help one another. The potential of such a relationship could produce positive change for the region.

---

Remember the maloney baloney award, fleas in the center, two wild dogs, the library bedroom, and the beautiful person who sat behind one of the big submarine desks, with a kind word to say always.

## CO-DIRECTORS

Hi,

Meet us, the co-directors, Kandy Kane and Gwen Hammer.



We realize that we had a tremendous impact on the outcome of the project, along with the students, faculty, community, and foundation support. Each year the project assumes a lot of the current co-directors personalities and peculiarities. We felt it important that we expose where we were in our lives, when accepting our responsibilities. Both of us were very diverse Cancers, with stubborn, finicky personalities, one from a rural and the other from a suburban middle class life.

Gwen Hammer

After a long pause of silence, with 35 faces staring directly at me, I croaked out that I would assume responsibility as co-director of the Coalition. For a person like myself who adheres to the motto - one day at a time, this was a big decision for me. Recently, I had just graduated with my Bachelor of Science in Nursing from Vanderbilt, and instead of getting a cushioned, structured job in a respectable hospital, like 99% of my class, I was working with the Coalition. No future worries, just taking life one day at a time - surviving fine and really enjoying my work. My work with the Coalition has been memorable, working as a medical examiner, and being able to utilize much of the knowledge I had gained from four years of school. It was amazing to me how much I had learned in school and how I was able to apply it.

Suddenly, I was asked to be a co-director, one year of my life spoken for, in which part-time I spent working in an emergency room as a staff nurse and the rest of my time working with the Coalition. Looking back mentally, last year was one of the best years of my life. I was working part-time at an institutional, structured job, which enabled me to practice my skills, observe primary care, and teach patient education, whereas with the Coalition I was able to take all this and more, expand it into the work we were doing with the mountain folks. There were no restrictions. The other co-director and I were our own bosses. No one was over us saying it cannot be done according to the rule book, time schedules were lax, and best of all, no threat of being reprimanded for using your head logically instead of according to the system's way of thinking. AMEN!

I grew a lot during the year and the summer. Along with understanding the rural medical problems, system, and faults, I also had a greater sense of community. I too grew up in a rural town where the nearest hospital was 25 miles and our one doctor in the area, who did everything from stitches to bones to birthing, retired, leaving the town empty. I knew the frustrations of people, especially the elderly and handicapped without transportation, who had to travel a distance for general health care.

I realize I had to grow. No longer could I sit in the back row and chuckle. I was in the front seat, the driver, trying to convince 21 green medical examiners about professionalism, the importance of accuracy, charting, paper work, follow-up, community interaction, and the main reason why we were doing what we were doing.

"Ah, just one day at a time!" One exception, bleeding belly buttons.



Anyway, since several months have passed since the summer ended, some light has shown. I remember asking Dr. Amos Christie (the chief faculty supporter and initiator of the Coalition when it began in 1969), at the end of the summer, how should I feel. I had no feeling. If asked, yes, the summer went well, no major mishaps, yes Wallins Creek is organizing for a clinic, Mulberry is drowning, Kepler is surviving, the students, ah, the students, fanatically I wondered if they really realized what happened to them this summer. Yes, some have changed their attitude about patient education and community, but there are others that got lost by the wayside.

One of the new co-directors, Jennifer Garshman, is my roommate. We spend many enjoyable hours talking Coalition. I realize how much knowledge and growth I obtained in two years. I also still feel extreme weakness in other areas. I am still uncertain as to my future role with rural medicine. There are moments when I become excited thinking about returning to school to become a family nurse clinician, but then at the same time I am burned out on school. I cannot sit still anymore. Information needs to be gained on the move in different situations. Luckily, the Coalition provided much of this for me!!

#### KANDY KANE

I left California in April 1978. I had been studying community development and health education at UC Davis for three years. I was beginning to feel antsy, tired of reading about theories of community change and social inequality. I wanted to learn first-hand and develop my own working models. During this time, there was lots of news on the coal strike, Kathy Kahn had published Hillbilly Women and Holly Near was singing "Mountain Song". I began writing to various programs throughout Appalachia, offering my services. In April I began work in Beckley, West Virginia at a Community Action Agency. I was full of naive ideas and came to the region with an idealization of the mountain people. In Beckley I worked with an outreach program, delivering coal, filling out food stamp application forms, and helping senior citizens and women centers. The staff was very helpful in answering my questions and allowing me the freedom to experience many aspects of the area. I met with midwives, coal miners, and Dr. Rasmussen, the black lung specialist. I fell in love with West Virginia, the people and its mountains. Having had such a positive experience in West Virginia, I had some misgivings about coming to "Music City, U.S.A." I had hooked up with the Coalition by luck. My letter to Mountain People's Health Council was forwarded to the Center. Dave and Lori, the former co-directors, offered me a job as community organizer. I

---

*Whenever in Harlan County, we always consulted Bernice for our horoscope. It blew our minds as to how correctly she predicted our days.*

**ASTRO-GRAPH**  
Bernice Bede Osol

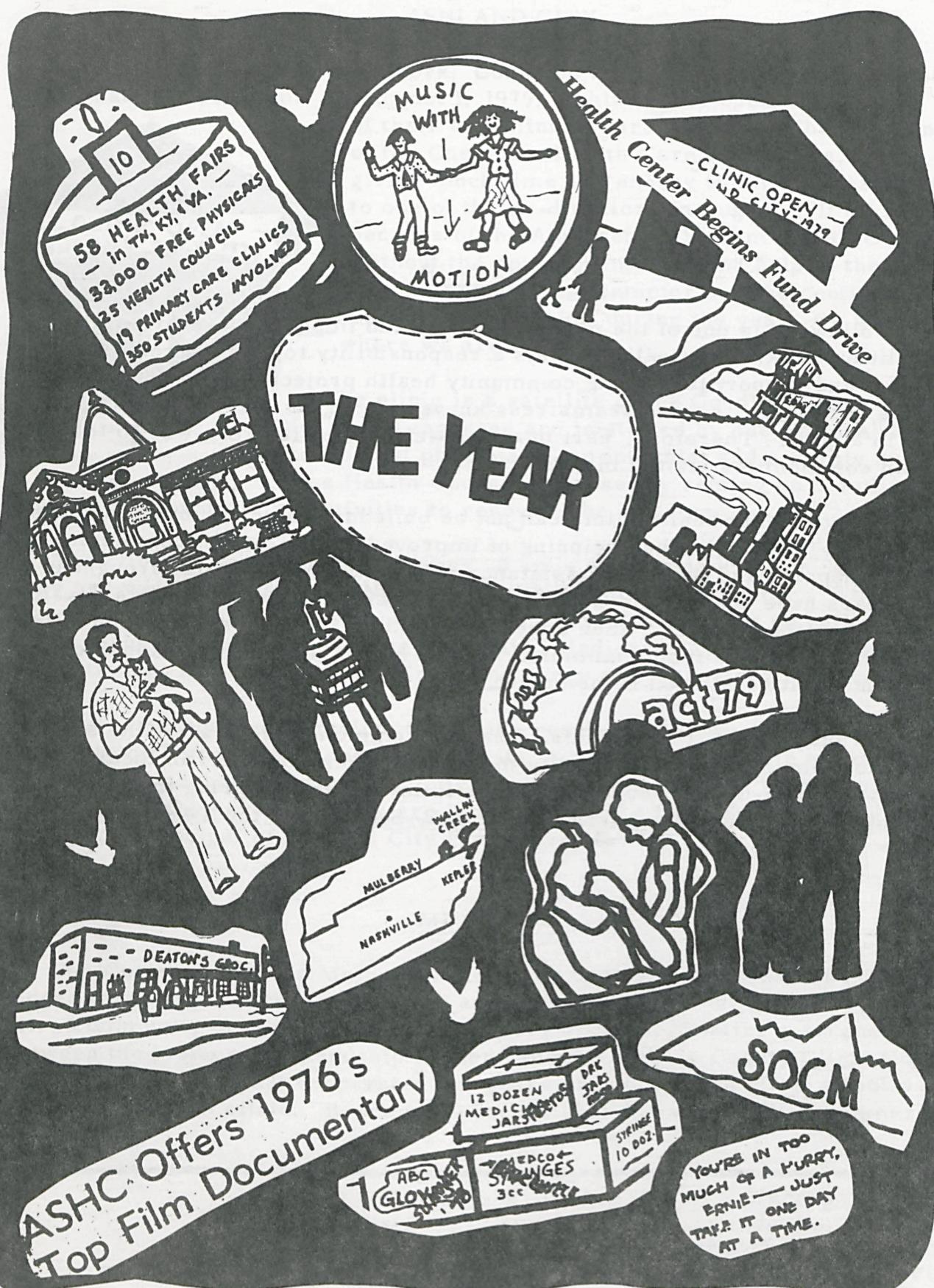


did not know much about the Coalition, but my parents were impressed with Vanderbilt's credibility. The Coalition offered me everything I wanted, community organizing around health issues in a rural area. It sounded great, exciting and challenging. During my first five weeks in White Oak, I had a lot of conflicting feelings. I was not quite sure what my job was, what the Coalition wanted me to do, and how I felt the community could best gain from my efforts. Many times I felt like I had no right to be there. I was a student, an outsider, claiming to be an organizer and spending my days talking to people. It was not until one night during our weekly senior citizen potluck that my self-confidence began to change. People were glad to see me; I really felt welcomed and liked as part of the community. People appreciated my efforts. I no longer felt like I was just taking from them. For the rest of the summer I was able to pursue with more strength, issues I felt were important. Working <sup>with</sup> local residents and the engineers on setting up a water system was very valuable. Living with families and learning mountain ways were so special and precious to me. In July, I heard that new co-directors were being sought. I had assumed that the co-directors had to be from Vanderbilt, and besides, I was returning to California to finish school. But I knew I could not go back yet; I was not ready to leave. I still had a lot of energy to give to this region, to these people who had given so much of themselves to me. There were still things I wanted to learn, and the Coalition would provide an incredible opportunity for me to pursue my interests. I could spend more time in the mountains and do follow-up work in White Oak. I was just beginning to get my feet wet and feel comfortable. Comfortable enough to truly believe in the Coalition and yet have ideas and energy to build upon and improve our efforts. In addition, to the practical learning, I have experienced tremendous personal growth in the last year. I have solidified my beliefs and have a clearer sense of who I am and what I want to do. It has been one of the best years of my life.

---

Who could forget our pal Art. Never a boring night when working at the Center late. Line number two always HOT TO TROT, disco fever, and champale -- HOT STUFF!!!

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### FOLLOW-UP

Follow-up is one of the most rewarding and important aspects of the Coalition work. The Coalition feels a responsibility to provide continued advice and support to budding community health projects begun on previous summers. A good seamstress knows you can not leave threads hanging in a quilt. Therefore, part of our duties as co-directors was to follow-up in communities visited in 1978.

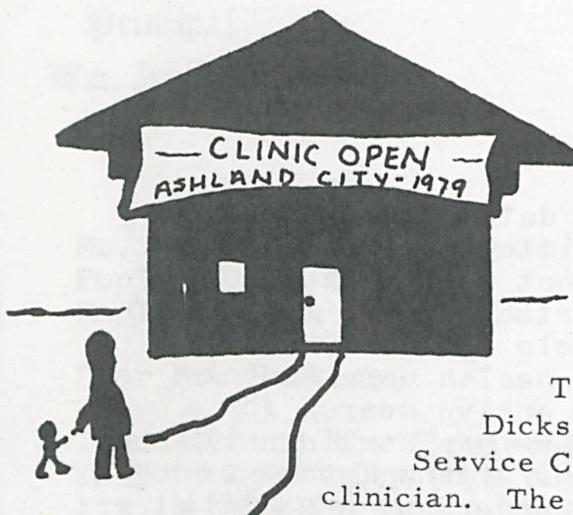
A community health clinic can not be built in a summer, but a successful health fair can be the beginning of improved health care. Communication, support, and technical assistance with community people throughout the years have enabled the Coalition to be a part of the community's development after the summer. (See appendixes 1 and 2 for Clinch River and Petros letters sent this past year from community clinics begun due to direct Appalachian Student Health Coalition involvement.)

Not only do we, the students, continue community work after the summer, but more importantly, community members become involved in local development. Follow-up was continued in the following areas during the year. They were: Ashland City, Mulberry, White Oak, SOCM, and the Texas Coalition.

### ASHLAND CITY

After two summers of hard work, Coalition efforts in Ashland City, Tennessee finally came to fruition. On August 1, 1979, Ashland City opened the doors

of their new clinic. Sara Koelling, Chairperson of the Cheatham Health Care Associates, Inc., giving much time and energy to this success stated to one of the co-directors in August, "It all began because of the Appalachian Student Health Coalition. Without the constant interest and help of the community organizers last summer and the continued support of the Coalition during the year, we would not be where we are today!"



The clinic is a satellite of the Goodlark Hospital in Dickson, Tennessee and is staffed by one National Health Service Corp of physicians, an internist and a family nurse clinician. The Health Council is presently renting an old clinic and have started fundraising activities to renovate the building.

The clinic is open five days a week, 8 am - 8 pm, and 8 - 4 on Saturdays. They are waiting for another National Health Service Corp doctor. When the doctor arrives, the clinic will be open on Sunday with a doctor on call at all times. The clinic is now serving Medicaid, Medicare, gynecology, and pediatric patients. It is well equipped including x-ray and laboratory equipment.

It is certainly a solid feeling to see the results of our work. Ashland City proved to be a good experience. Due to its location we were able to attend many of the health council meetings and offer continued support and help throughout the year. On the next two pages are letters of thanks from Sara Koelling and Bill Sapp, principal of Ashland City Elementary School.

### MULBERRY

The Coalition work in Mulberry, Kentucky during the summer of 1978 was judged by most to be success. After an impressive turn-out at the June health fair, community organizer, Bruce Tromberg began negotiating a reconciliation between the Mulberry Friendship Center, and the Whitley County Clinic Committee, two groups that cooperated two years previous on an effort to build a community health clinic. Bruce was successful in his work and at summers end,

Happiness was coming in on a dreary day and finding the following note on our desk.  
 Dear K and G. The results of the Cheatham County Health Care Committee are a BIGGO!! I am meeting with the lawyer to incorporate the group on Monday. We meet the next day to start the fundraising campaign. We are on our way!!! Thanks for all!  
 Lo Binkly

March 1, 1979

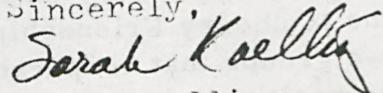
Appalachian Student Health Coalition  
Center for Health Services  
Station 17  
Vanderbilt Medical Center  
Nashville, Tennessee 37232

Dear Friends,

This letter is to bring you up to date on the latest developments with the health care committee here in Cheatham County. Enclosed you will find the front page of a recent Ashland City Times which includes an article about the health care committee. Since the article appeared, the committee has incorporated as Cheatham Health Care Associates, Inc.. We are now involved in an active search for a site on which to build our clinic, and we are working with an architect to develop a building plan. Plans for an extensive fund raising campaign are also underway. We still have a long way to go to realize our dream of a new clinic, well equipped and staffed, for Cheatham County. Yet we have come so far since those first organizational meetings that grew out of the health fair you conducted here last summer!

On behalf of Cheatham Health Care Associates, Inc., I want to take this opportunity to thank you for your interest in Cheatham County's health care. The health care committee simply would not have gotten organized without you. The health fair and the two community organizers who remained in the county through the summer were the catalysts needed to focus the concern that many had for the lack of health care services available in our county. The interest and support that you continue to offer is also greatly appreciated. It is important to know that when we need a consultation on organizational problems you are there; and your willingness to help when we face nitty gritty problems like distributing leaflets over the county- is the kind of support that gets the job done. We look forward to a continued association with the Health Coalition, and again... thank you!

Sincerely,



Sarah Koelling  
Chairperson,  
Cheatham Health Care Associates, Inc.

# Ashland City Elementary School

Elizabeth Street

Ashland City, Tenn. 37015

May 31, 1979

Principal

Wm. A. Sapp

Mr. Perkins, Principal  
Poplar Creek School  
Poplar Creek, Ky 40754

Dear Mr. Perkins,

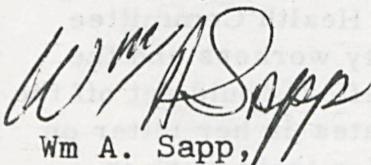
I understand the Appalachian Student Health Coalition will be in your community this summer for a "Health Fair." Your community is very fortunate, these young people are doing one of the finest services for the total community I have ever seen or heard discussed.

Our community was fortunate to have them operate their "Health Fair" here for the past two summers, using my school building for the two weeks of community check-ups and physicals. (I've had teachers' workshops that left a bigger "mess".) All kidding aside they are a fine group of young adults and very responsible. Without their help we would not have formed the Cheatham County Health Council and our new 3 Doctor Rural Clinic would not be having its grand opening this August 1st.

My Superintendent and I feel that the service it gave our teachers was invaluable, but the service it gave our youth; physicals for our athletes, Special Education kids, and kids parents brought voluntarily was far more valuable than anything our tax dollars could pay for. They were able to discover and diagnose four different serious problems in four youths - not to mention many adult problems, which no money could compensate for if left undetected.

I know you'll benefit from this experience.

Sincerely,



Wm. A. Sapp,  
Principal

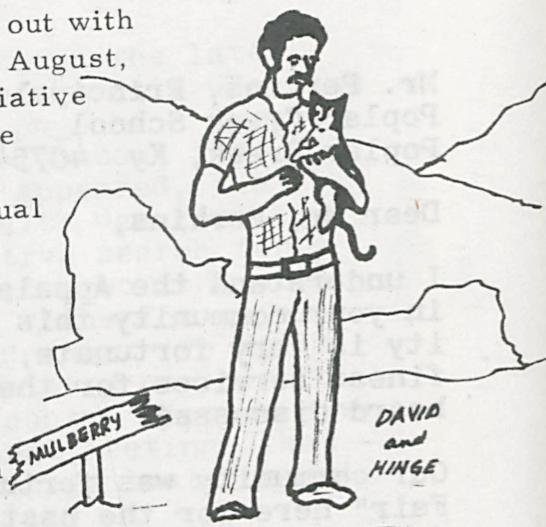
a new joint committee (the William Whitley Health Care Committee) had been formed. This group decided in late July to apply for a federal Rural Health Initiative grant to study local health care needs and plan for the establishment of a health clinic somewhere in Whitley County, Kentucky. In addition, the Friendship Center was interested in setting up some type of health education-nursing program.

David Morrow, one of the 1978 Appalachian Student Health Coalition co-directors, decided to stay on in Whitley County to help out with both efforts. After moving to Whitley County in mid-August, David's first task was to prepare the Rural Health Initiative grant application. This application received favorable review from various state and federal review boards and was recommended for funding in December. Actual awarding of the grant money (\$21,000) was not to take place until April.

David continued his community organizing work throughout the winter and spring, while holding down a job in local factory. Co-directors Gwen Hammer and Kandy Kane kept in constant touch with events in Whitley County and made periodic trips to the area.

Encouraging progress was also made on the Friendship Center project. During the fall, David and Sister Noel LeClaire of the Friendship Center investigated innovative health education in the area and began formulating a job description for a health educator-home health nurse. Sister Leanne Herda, of Milwaukee, was chosen to fill this position and she moved to Whitley County in March, 1979. It was generally agreed that the health education program should evolve gradually from the expressed needs of local people, rather than be initiated abruptly by an "outsider". Therefore, Sister Leanne took a part-time position in the local health department and began making home visits to familiarize herself with local people and to listen to their needs.

Meanwhile, the clinic effort was running into snags. Although approved for funding, the Health Committee was awarded no money because of a Congressional freeze on this category of federal funds. The Committee decided to conduct the planning study anyway. David and April Stigall, a local college student, agreed to work part-time on the survey. The Coalition had already decided to return for a second summer of work in Whitley County. The local Health Committee felt that with the additional manpower of Coalition community workers and the excitement generated by the health fair, the clinic-budding effort could get off the ground. Marian Colette, Vice-Chairperson of the board states in her letter on the next page, "We are indebted to the Vanderbilt students for their work in making our dream of a clinic take shape".



WILLIAM-WHITLEY HEALTH CARE CENTER INC.

JACKSON OFFICE BUILDING

WILLIAMSBURG KENTUCKY 40769

(606) 549-5658

February 26, 1979

Gwen Hammer and Karen Kane  
Appalachian Student Health Coalition  
Center for Health Services  
Station 17  
Vanderbilt Medical Center  
Nashville, TN 37232

Dear Gwenn and Karen:

Members of the William Whitley Health Care Center Board have asked me to write and extend the invitation to the Student Health Coalition to hold another health fair in our community this summer.

Many of us were actively involved with the fair last summer and found that the experience did a lot to directly benefit our community. People who came for physicals were extremely satisfied with the quality of the attention they received and we heard many comments to the effect that "this was the best physical I ever had," or "I learned so much about myself--things a doctor never helped me see before."

Needless to say we are indebted to the Vanderbilt students for their work in making our dream of a clinic in Whitley County begin to take some concrete shape.

We look forward to another successful experience this summer.

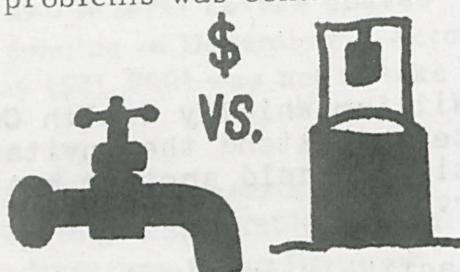
Sincerely,

*Marian E. Colette*  
Marian E. Colette  
Vice-Chairperson  
Wm. Whitley Board

WHITE OAK

White Oak, Tennessee is an isolated mountain community that the Coalition first came to in the summer of 1970. Soon after the Coalition's work in 1970 and 1971, White Oak established a clinic run by the community Health Council. In 1976, the Appalachian Regional Commission decided that there were too many clinics in the area and closed two clinics, one being White Oak.

During the summer of 1978, the Coalition went back to White Oak, holding a Health Education Fair. The purpose was to rekindle dying feeling about preventive health care, since many people had become despondant about health due to the closing of their clinic. The theme of the fair was "Working to Be Healthy." One of the main problems was contaminated water. The Coalition's community organizers, Alf, met with the Health possible solutions. Due Student Health Coalition that summer and into the with financial assistance Health Services, helped White Oak community aid allowed Geneve Marlow, a local resident and member of the water utility to conduct research and assist the project.



Kandy Kane and Bryan Council and discussed to direct Appalachian involvement, starting fall, the Health Council, from the Center for assist the Clairfield-effort. The financial

At this point, an in-depth survey of the area, checked the need for and financial feasibility of the water system. The survey was a tremendous success. Petitions have been completed. At the Water Utility meetings, engineering firms have been interviewed and the Utility named the Clearfork Water Utility. Sponsors and members of the Utility have been established.

TEXAS COALITION

Chuck Culver, a nursing student from San Antonio, Texas, worked with the 1978 summer project. After his summer work, he went back to Texas, and attempted to start a Texas Coalition. The 1979 Appalachian Student Health Coalition co-directors provided direct support to Chuck and his efforts by providing him periodically information and forms to help him establish the Texas Coalition. (See letter from Chuck on the next page.) Last communication from Chuck was June 1979. He stated that the Texas Coalition had received some funding, and were preparing to start their summer project. What an exciting feeling for us to receive this news!

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Our good friend Chuck, who will long be remembered as Captain six pack. He was a wild and crazy guy that will be a credit to the Texas Coalition.

Chuck Culver  
1343 Vanderbilt  
San Antonio, Tx. 78210  
September 5, 1978

Gwen Hammer  
ASHC  
Center for Health Services  
Station 17  
Vanderbilt Medical Center  
Nashville, Tenn. 37232

Dear Gwen:

The Student Health Coalition here in Texas is currently trying to put together our summer project for next year, just as you are now. We need some help, though, and I hope you can provide that help.

Lori indicated earlier this summer that a list of the medical supplies needed for the health fairs was available. I would sure appreciate a copy of that supply list if you could get me one.

I have one more favor to ask: I could also use copies of the adult chart and pediatric chart we used this summer. If you could include the envelope, history form, charting forms, and questionnaires for the pedi-pods. I know this is asking a lot but I sure would appreciate your efforts and will return the favor if I can.

Thanks a lot for your time and efforts.

Sincerely Yours,  
*Chuck Culver*  
Chuck Culver

SOCM

Shirley Harkins was hired by the 1978 Coalition to work on personal property tax and research in several Tennessee counties. During the summer she applied for VISTA funds to continue her work with SOCM (Save Our Cumberland Mountains) and the southern Cumberland region in the fall. SOCM is an East Tennessee grass roots citizens group organized six years ago in the coal producing counties to fight strip mining and push for improved mining and environmental legislation on state and federal levels. It also is a strong voice for citizen rights and deals with such issues as tax reform and land ownership.

Shirley, through Appalachian Student Health Coalition work, was able to develop researching and organizing skills. She was granted a stipend through VISTA, and has remained in the area, offering her assistance with personal property and research.




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Remember delivering the flyers for the important meeting of the Health Council in Ashland City. The judge was totally against the Health Council, so we made a special effort to tack as many as possible on the court house door, so that he would see the announcement first thing the next morning. What fun we had that night, dusting the city with the information like fairys.

### STUDENT AND FACULTY RECRUITMENT

Student and faculty recruitment is one of the major activities going on during the year. This recruitment is done through various methods and activities. Each year, new students and faculty pick up a section of the quilt and add their own work. At first, they are hesitant to participate, they are not quite sure how to do it. They feel overwhelmed at all the work and creativity that has gone into the Coalition. It is hard to learn how to quilt, how to weave your threads into a health fair or a community health council, if you have never talked to people who have done it. Seeing the quilt from different perspectives gives one a complete picture of all its beauty - how people have interwoven their work with others, how different sections have grown rapidly, and how individual wants determine the variation.

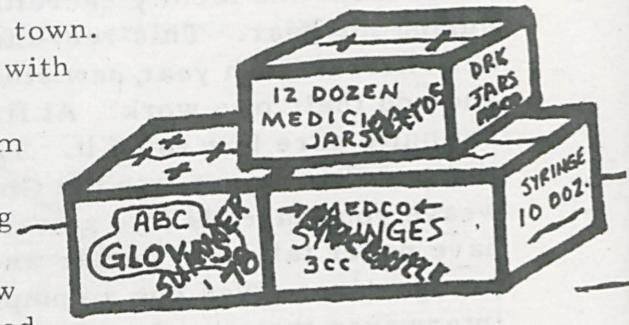
This next section presents the various ways the Coalition attempted to gain recruitment. Recruitment was attained through camping trips, surveys, a reunion, newsletters, slide shows, video and talk presentations, and finally hiring of students and doctor coverage.

### CAMPING TRIPS-SUPPLIES TO CLINICS

To get an idea of some of the people who have picked up threads in the quilt, old and new members made several trips to East Tennessee and Kentucky delivering donated medical supplies. Some of the experiences encountered on such trips are as follows:

- Traveling to Mulberry, Kentucky and speaking with the Friendship Center and Health Council members. Meeting David Morrow and listening to him recount the past summer's health fair, how it had renewed interest in a clinic, and bringing us up to date on what had happened since. We visited friends in Mulberry that we had met for the first time only three months before, and new Coalitioners got a flavor of what being in the Coalition is like and the special friendships that develop.
- Visiting Clairfield, Tennessee, an old mining town. Clairfield had a clinic the Coalition had worked with in the past. Several boxes of medical supplies were donated to this clinic, that were extra from our summer health fair.
- Stopping at Lake City, Tennessee and spending an evening with Dr. Bob Hartman, a former Coalitioner and all around nice guy. Bob is now practicing medicine in towns he once participated in as a health fair medical examiner. Supplies were given to him for the clinics he serves.
- The famous ramp hunt at Byrd Duncan's farm. Byrd was a strong community person that the Coalition worked with at one time. Due to his efforts and stubborn personality, his area now has a clinic, Coalition initiated.
- Wild and crazy dusk tours of strip mines and deep mines in Harlan County, Kentucky. (Unescorted, of course!)
- Good ol' time of foot stomping and fast picking at Carters Store.

Trips and experiences like the above gave new Coalitioners a reflection of the range of color and design of the Coalition. It showed the continuity and integration throughout its years. The Coalition quilt can not be found in Nashville at the Center for Health services, but rather it spreads throughout Tennessee, Kentucky, and Virginia.



The fun times we had square dancing at Cumberland falls. Especially dancing the "Bus Stop" to "Drinking Wine Spo-dee-odee, wine, wine, wine, drinking wine". Remember the most important step, the BIG Indian, just wild as big deer!

### SURVEY

Faculty recruitment was started in October with over 700 surveys sent to all nursing and medical faculty, house staff at Vanderbilt and other medically-represented departments. The only way to make a sturdy quilt is to have a good foundation of material to select from as the project progresses. Thus, 40 questionnaires were returned, stating a positive interest in helping the Coalition. These 40 people, over one-half nursing faculty, proved to be the beginning strength of the project. We now had specific resource people we could tap and best of all, they were people we had found on our own. Their names had not been passed down year by year. Some of these people proved later on in the project to have a genuine interest in the Coalition, and supported the Coalition whenever asked. (See appendix 3 for copy of the survey.)

### NEWSLETTER

Storytelling with the Appalachian Student Health Coalition newsletter was an exciting aspect about the crazy quilt. As the events add up and things keep happening, the newsletter was our approach this year to keep everyone interested in the Coalition and informed. Originally, when we decided to do newsletters, we tried to get them out monthly. Well, with only a small staff of people volunteering for tasks, newsletters were not a priority. Thus, with two co-directors, and one or the other out of town with Coalition business, newsletters appeared every couple of months instead. We had over 300 people on our newly-formed mailing list. (See appendix 4 for a copy of a newsletter)

### REUNION

The Appalachian Student Health Coalition's tenth year anniversary reunion represented more than thread and material in the quilt. Human creativity is what pieces the quilt together. Many different hands have sewn a connective thread in the Coalition. Dreams and a commitment to a better world have been the driving forces pulling these threads. Each person reshapes the pattern to improve upon what is there. The Coalition's growth is not one person's work, but many thousands.

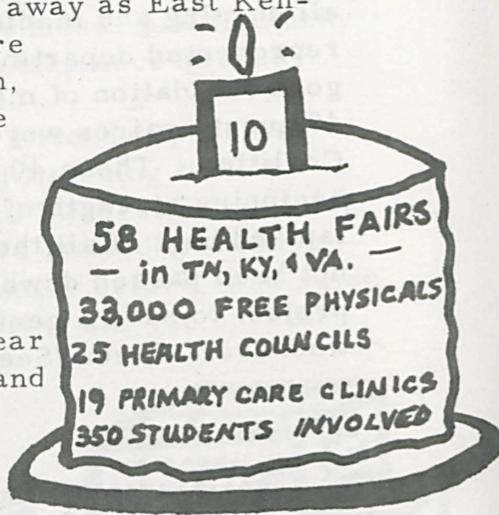
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*What a blast at the reunion,  
pushing a keg of beer in a shopping  
cart down 21st Ave. Not a drop  
was spilled, but many a car took  
a second look.*



In October there was a birthday party to celebrate the Coalition's tenth year. We tried to bring all the seamstresses together, along with the new recruitments already present. People came from as far away as East Kentucky and Memphis, and as far back as 1971. Stories were shared, a potluck supper was eaten on the Center's porch, and a huge candle lit birthday cake was blown out with the wish for another ten years. Keeping with tradition, the evening ended with a square dance.

The reunion was fun. It let people know where the Coalition had gone and where it is going. Faces were finally attached with names that had been passed along year after year. There was a feeling of mutual appreciation and thanks for everyone's handiwork.



#### SLIDE SHOW, VIDEO, AND TALK PRESENTATIONS

The tedious, but learning and perfectionist part of quilting is the redoing and the passing along the technique and knowledge. It helps the quilter reinforce his knowledge and skill more. Recruitment for the project progressed with the many slide showings, video, and talk presentations. The slide show is an eight minute presentation of the Coalition, describing how it began, health fairs, community organizing, and special projects. The slide show was updated August 1978. Starting in October, we, the co-directors, learned more about ourselves and what the heck we were doing. Through these slide shows, video, and talk presentations, we were continually exposing ourselves to different, diverse groups, having to explain ourselves, what the Coalition does, where it plans to go, and finally reinforcing our own communication skills. As the year progressed, we made many outreach attempts to various groups and people. These groups of people contacted included the pediatric residents and staff, primary care residents and staff, medical students, nursing faculty, Board of Trusts at Vanderbilt, Chancellor Heard, dietary class, Tennessee Association for Blindness, and respiratory therapists. We also traveled outside the Vanderbilt-Nashville area, pursuing interested people at UT at Knoxville, contacting Kent Sidel, head of video and communications, the law department, nursing, nutritionists, and social science departments.

The slide show is excellent for educating students and faculty who are interested in working for us. Where it failed was when we traveled to communities and showed it. The slide show was presented to Wallins Creek Fellowship

Center, Wallins Creek PTA, Loyal Homemakers, Crab Orchard and Keplar, Tennessee. We felt that a different, more community oriented presentation needs to be made. Something along the lines of the places the Coalition has been and how the community benefited from the students, also featuring what goes on at the health fair, similiar to the start of our present slide show.

### HIRING

When producing a quilt, it is important that the workers be willing to give of themselves much time and energy. Not everyone is a perfectionist, or blessed with extraordinary talents, but they need to be willing to learn, and flexible enough to bend with the everyday problems. No one is turned away from the circle, but it is hoped that they will mature and become a valuable, dedicated worker.

I think one of the most difficult things we did as co-directors was the hiring of students for our program. Interestingly enough, we would not have had to go through the long process of interviewing students if we had a good solid core of interested students. Starting with September meetings and continuing onward, there was a nucleus of eight people always willing to help out whenever asked. In January, a number of students turned out for the

Physical Assessment course and/or meetings, though many only came because attendance was required if you were to work in the summer. Students did this begrudgingly as indicated in the final evaluations. "Yes, the meetings were interesting and informative, but we were forced to attend." As co-directors, we noticed that the students who wrote this tended to be the ones that were the least flexible during the summer. They were the ones that complained the most when asked to bend a little. Out of the 38 students hired, 3/4 that were hired without much previous involvement in the Coalition, one-half of this group during the summer proved to be a credit to the Coalition. This fall, 1/4 of last summer's participants have shown true dedication to the new co-directors, supporting the new project.

Looking back, we do not feel that we were tyrants in our interviewing, but were honestly trying to seek students truly interested in all aspects of Coalition work, not just giving physical exams.

It has been a rewarding experience to visit with the summer Coalition students this fall. Some will never change their views, but others finally saw the

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After two days of interviewing students, we were totally frustrated. Finally we could stand it no longer. Later that night sitting in Normas things looked a lot brighter, and we felt more relaxed.

light of what we really were doing this summer. This group of students will be found one day in rural practices: Family Nurse Clinicians, health provider, health preventor, and educator roles. They will not only be doing the rudiments of their job, but will have a true and deeper meaning of their community and its problems! (See appendix 5 for a list of students hired and a brief profile on each.)

### DOCTOR COVERAGE

The quilting process requires, at times, advice and support from those who are professional in the skill. Without this support, the quilt would fold and become useless. The physician support with the Coalition is a vital link in the quilting process that is often very time consuming and difficult to attain and retain. Joel Buchanan, second year medical student, explains his job in recruiting physicians.

The Coalition has always required the help of licensed physicians. During the school year these physicians teach the physical assessment course to medical and nursing students. In the summer, doctors assist the Coalition by serving as preceptors at the health fairs, guiding students in our examination of patients. (See appendix 6 for precepting doctors job description) Physicians also helped us with our "practice health fair", i.e., the examination of children at the United Methodist Day Care Center.

The Coalition desires contact with the medical "establishment" in each area of a health fair site, thus local doctors are recruited to be preceptors. Vanderbilt faculty and house staff travel to health fair sites to provide additional support. Recruiting local and Vanderbilt physicians is a job that required 150 man-hours of work in 1979. The work included coordinating several mailings, speaking and showing the slide show to various councils and committees, and corresponding with the medical licensing agencies. Also required was a great deal of tracking folks down in corridors of Vanderbilt Hospital. At the end of the summer, all physicians who served as preceptors were surveyed for their reactions to the summer experience and suggestions for improvement of future health fairs. Many of the doctors working with the Coalition were impressed with the organization and thoroughness of the health fair. Dr. Anderson Spickard stated, "I must say that I was impressed. Compared to my previous experience in a preceptorship role in supervising the activities of the students,

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Informing Dr. ( ) that he had better take a shower at the family he was staying with. Rumor had it, that this particular family felt insulted, that no one ever took a shower in their house. Our final words to him after taking him to the house, remember the shower. Needless to say, he did not take one. OOPS!

this was much superior. I was impressed by the organization of the screening activities, particularly the forms, the detail of general health maintenance studies performed on each patient, and as usual, the enthusiasm of the medical students, nursing students, and the leaders." Also, their was a very positive, personal reward the doctors felt teaching, working, and learning with the students and the families they stayed with. Several local doctors commented that they participated with the Coalition to work with students in a rural area away from the university setting. They were pleased that students were allowed to work with them, local doctors, to see how they practice, and not being supervised totally by university-oriented physicians. (See letter of support on the next page from Spickard)

Over the past ten years, Vanderbilt's support of the Coalition has varied, ranging from heavy to minimal. Early support came from the Department of Pediatrics; later the Department of Preventive Medicine provided assistance to the Coalition. In 1979, the Coalition welcomed and received increased support from the Dean of the School of Medicine, the Director of the Primary Care Center, and the Director of the Division of General Internal Medicine. Other faculty and house staff have contributed time, interest, and ideas, all appreciated by the students. For the first time, in 1979, the Coalition and our patients enjoyed the services of a nurse clinician. The Coalition will continue to request assistance from local doctors and all interested faculty and house staff. Continued support from the Dean's office, the Division of General Internal Medicine, the Department of Preventive Medicine, the Primary Care Center, and the Department of Pediatrics will be solicited and welcomed. (See appendix 7 for the list of physician support participants in the project)

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Dr. Sanders, one of the local doctors we worked with, and his wife entertained us on a picnic with their guitar and banjo playing. It sure was nice to see how versatile they were. We missed the wild hawaiian shirt this year!

Nashville, Tennessee 37232  
telephone: area 615/322-7311



VANDERBILT UNIVERSITY

June 28, 1979

Mr. Joel Buchanan  
Center for Health Services  
Station 17  
Vanderbilt Medical Center  
Nashville, Tennessee

Dear Joel,

You requested that I send you a description of my experience with the Appalachian Student Health Coalition in mid-June.

As you will recall, Dr. Kenneth Nix, a medical resident in the General Medical Rotation, travelled with me to Mulberry, Kentucky, where we spent two days supervising the students there.

I must say that I was impressed. Compared to my previous experience in a preceptorship role in supervising the activities of students, this was much superior. I was impressed by the organization of the screening activities, particularly the forms, the detail of general health maintenance studies performed on each patient, and as usual, the enthusiasm of the medical students, nursing students and the leaders.

It seemed to me that the local people were pleased with having available to them this type of health care in the form of a periodic physical. I noted some well dressed elderly people that came from the local Senior Citizens group. Needless to say, when I and a medical resident can see in one family a case of pseudoxanthanoma elasticum with angiod streaks and two other family members with Charcot-Marie-Tooth's disease, from an educational standpoint for us, it was worth the trip. We also saw a very large cervical polyp, many cases of partially treated otitis media, and a clear case of myxedema. Although the students were just beginning in their evaluation of patients, it was obvious they had been well taught and were able to pick out those findings that were deviations from normal.

Additionally, the evening spent with the Franciscan nuns was unusual and most enjoyable. We are sorry that we missed Patricia Neal who had visited only an hour before with the nuns, who had assisted her in the rehabilitation from her stroke.

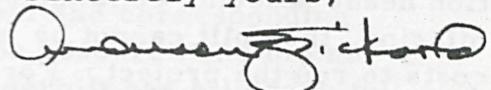
Mr. Joel Buchanan

June 28, 1979

All in all, it proved again that the initiative of students is tremendous.

I would be interested in how many cases of trivial illness were treated successfully, how many conditions not previously found by their regular physician were uncovered, and how many patients with poor compliance or poor understanding of their illness were helped as a result of the Coalition's activities. We, of the Division of General Medicine, will help in any way we can with the future development of your program. The organization you personally provided is a definite plus for the success of the operation this year.

Sincerely yours,



Anderson Spickard, M.D.

AS:cd

cc: Dr. Perrin, (James)  
Dr. Gluck  
Dr. Heim  
Dr. Leonard  
Dr. Houston

### FUNDRAISING

Fundraising is one of the most tedious and nerve-racking processes we, the co-directors, went through. Without funds, the feasibility of this project would be totally impossible. Every part of the quilt is essential. The Coalition needs student, community, financial support, to work. If any of these are missing, the quilt cannot be made. Many people are unaware of how much it costs to run the project. For those of us who really know, we cannot even begin to express our sincere gratitude to all who funded us this past year.

The majority of fundraising and thanks goes to the four foundations that supported us this year. Along with foundation support, efforts were made to keep student enthusiasm up and the public informed about the Coalition. This was accomplished through campus fundraising events and student and private donations.

## FOUNDATIONS

The major support of the 1978-1979 project was from the Robert Wood Johnson, Jessie Smith Noyes, Public Welfare, and DeWitt Wallace Foundations. (See appendix 8 for budget and expenditures) Writing the grant proposal was a long, tedious process, but proved to be worth every bit of energy put into it. When we, the co-directors, went to visit the foundations in the spring, we learned so much more. They were helpful and very encouraging to us. We realized that even though we were assuming roles as professionals, presenting our project to the foundations, we were still Kandy and Gwen with our own viewpoints. The foundations accepted us for who we were and made us feel important and beneficial. The most memorable parts of our visits were the elevator rides down or the train ride back, when we could relax, put our feet up and congratulate each other on a job well done. WHEW!

Kandy recites below her growing, learning, and experience with grant writing.

I learned a lot working on the grant proposal and corresponding with foundations. I have never done foundation research and did not know how to write a grant. Fortunately, Vanderbilt has a library full of information. During the year there were seminars on grantsmanship, in addition to the resource people at the Center for Health Services. Writing the grant took a long time, but was a good exercise in sorting out the goals and objectives of the Coalition. At first, I had many doubts about the Coalition. When I attended the open house of the Dental Clinic at Dungannon, Virginia in October, community people came up to talk with me and thank the Coalition for its initial impetus in getting the clinic started. These community people who truly believed in and had benefited from what we were doing. After talking with them, I felt strong about the Coalition, and proud to be a part of it. I felt very positive about asking others to help with our efforts.

The best part of grantwriting was meeting the people at the foundations. Their correspondence with the Coalition during the year was very supportive. But, to meet them and share verbally what we were doing was great! They helped us clarify our objectives and gave helpful suggestions. During our meetings, they would ask us questions and help us with solutions. We realized foundations are a wealth of information. They have dealt with other community groups and organizations, thus knowing what works and what does not. The foundations also provided us with names to contact, resource people who have helped us. The Coalition, once again, thanks the foundations for all their support!

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As we prepared for our foundation visits, the Manassas album by Stephen Stills, with the song "Johnny's Garden" became our theme song. The section, "I'll do anything I'll have to do, cut my hair and shine my shoes, and keep on singin the blues, if I can stay here in Johnny's Garden!", represented us.

## CAMPUS FUNDRAISING

One of the more interesting aspects of the crazy quilt is the memory associated with each piece of material, where it came from, and how it was obtained. Many pieces of the crazy quilt are donated, as a whole, the large piece of material used to put all the pieces on remains stable and secure. Campus fundraising for the Coalition was like the separate pieces of the donated material. Each fundraising event this year held a special memory to the Coalition.

Our first BIG fundraising event was the Dance-A-Thon. This was the first group project the Coalition worked on together. Each person had a specific task to accomplish to make the marathon a success. Each contestant was to get as many sponsors as he could, sponsoring half hour. We did not ended up breaking even. learned about friends. thanks goes not only to who worked hard on to friends who assisted and other areas of tech- tended gratitude goes to the thon a success, the White X-Rays, and Virus. These bands gave us free non-stop music from 7 pm - 4 am. They not only gave the music, but gave of themselves by showing a continued interest in the Coalition even after the Marathon was over. It is a really neat feeling to see these folks around town playing music, and to talk with them, and they still reminisce about the good time they had with the Coalition 12 hour Marathon. (See appendix 10)

Second big fundraiser was showing the film Harlan County USA. The money from this film was to go for a spirometer (machine that tests lung function) that could be used in the mines. Specifically, it was to educate the Coalition because we had already decided that we would be holding health fairs in Harlan County for our summer project, and also be working on flooding, strip mining and land-use issues. During the first showing of the film it broke for five minutes. One of the Coalitioners got up and spoke to the audience about the Coalition plans and the spirometer. This is a good approach to fundraising, when using a film, accidentally (ahem) have it break and you have got your captivated audience. The only thing missing was the collection hat. We cleared \$300 with the film. Later on in the year, Dr. Jack Batson of Nashville permanently donated his spirometer to the Coalition and TVA allowed us the use of their

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What a wild night the marathon was. We danced for 12 hours, welcoming the sun as it rose. Needless to say fire extinguishers are not a laughing matter. We realized how much the Vanderbilt administration adored us, longing for our next wild function. The Coalition certainly gained a campus wide reputation from the Marathon. HA! HA!



spirometer for the summer.

## ASHC Offers 1976's Top Film Documentary

"Harlan County, USA," the Academy Award winning film for Best Documentary of 1976 will be shown Thursday at 7:30 and 9:30 p.m. at Vanderbilt's Sarratt Cinema in order to raise funds for the Appalachian Student Health Coalition.

The ASHC is a nonprofit organization that travels to rural areas, particularly in Appalachia and holds health fairs in an effort to spark community interest and awareness in their own health care needs. The ASHC is comprised of interdisciplinary students, medical, nursing, med-

ical technology, dental hygienists, arts and sciences and other concerned people.

Screening physicals and dental exams and lab tests are offered by the medical workers of the health fair team, with referrals when a specific health problem is uncovered. As well as health education, other members of the team offer counseling about programs such as social security, vocational rehabilitation and aid for dependent children.

The ASHC will spend this summer working in eastern Kentucky, spending much of this time in Harlan County. Proceeds from the film will be used to buy a spirometer, which is used to test lung function.

"Harlan County, USA." chronicles the efforts of 180 coal mining families to win a United Mine Workers contract at the Brookside mine in Harlan County, Ky.

We, the co-directors, were very excited about fundraising events. We felt that fundraising events got the Coalition working together as a whole, accepting task and responsibility, and fundraising opened up community awareness. It made people question who this group was and what they were doing. We worked hard to stir up Coalition excitement about fundraising. Other fundraising activities we worked on but never were able to do were: bikethons, and a fall and spring concert. From the end of year evaluations, we now understand why we could not get enough student enthusiasm. Some of the answers are as follows:

1. Students stated they did not have enough time to help out.
2. Some were not into dances and concerts. (Fuddies!)
3. Others felt they were not active enough yet, with the Coalition, to really care.
4. Several felt that fundraising events were not worth the time and energy.

Some of these comments were very frustrating to us as co-directors to read, reinforcing that next year a better job needs to be done with educating and inspiring the students on the Coalition. What we learned from fundraising was:

1. COMMUNICATION and PUBLICITY are the key to a successful fundraising event.
2. Even though the amounts of money were not obtained, we had a HELLUVA good time working and enjoying the events!

In essence, the uniqueness of the crazy quilt is the wild imagination incorporated in it. Likewise were the co-directors' dreams. We would sit in the office, many a late night, talking about the possibilities of fundraising. Each co-direc-

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The Coalition was filmed while at a pig roast with the ex-sheriff of Harlan, Billy G. Williams. This new film will be entitled, "The Sheriff of Bloody Harlan". One of our students, Gus, was featured in the cock fight. The film is in sequence to "Harlan County USA".

tor would excite the other one, leading each other on with wilder and wilder possibilities. Many a night an avid ear could pick up our colorful conversations of "Why not Saturday Night Live, or Joanie Mitchell, Dolly Partin, or the Grateful Dead or ..... coming to perform a benefit for us. Shoot, we have a 50 - 50 chance. They can either say yes or no!"

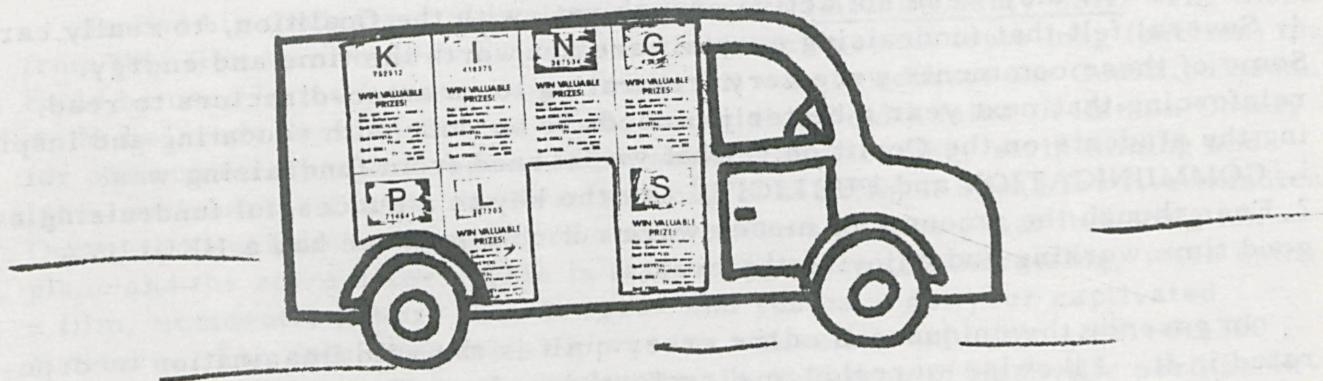
One of our wild storytelling dreams was to own a bus or van for the Coalition to carry all our supplies in. Thus, we tried to win the van sponsored by the Krystal Corporation sweepstake in the spring. By spelling KING PLUS with the appropriate cards, a recreational camper could be won. Some of the students thought the co-directors were nuts, as we encouraged students to go eat Krystal burgers and get the coupons. Others joined in on our crazy campaign.

ALL WE NEEDED WAS THE "U"!!!

#### STUDENT AND PRIVATE DONATIONS

Students were solicited during the fall semester at registration for a \$5 donation to the Center. This has proven to be an accepted way to make the students aware of the Center for Health Services.

Also, private solicitation was done by Gwen Hammer of the Zonta Women's Club in Nashville. Last year the club helped finance Gwen during the summer as a medical examiner. This year they were approached again, and donated some funding toward a spirometer. Much thanks goes to their continued support in the Coalition.



Remembering about the van brings back memories of Russell's car that was named the Coalition car of the summer, the Rambling Teddy Bear. I wonder how he explained the broken window to the parents at the end of the summer. Needless to say, picture it, a battered old white 1963 station wagon rambler with Alabama tags! Zip!!

### EDUCATIONAL COURSES

The Coalition offers a lot of learning, teaching, and educational opportunities for its students. During the year, the Coalition offers structured courses in the training of the students for physical diagnosis. Also, at each weekly Coalition meeting, a guest speaker would talk about different aspects of Appalachia, communities, rural health care and clinics, and other grass-roots organizations. A new approach was also sought to inform the students on preventive health education.

### PHYSICAL ASSESSMENT COURSE

There are many approaches to turning out a beautiful quilt, but for a beginner there needs to be some basic information. From the basics, the beginner can begin to expand and find the best method for producing his own satisfying finished product. Thus, the Coalition conducts a four month physical assessment course for many of the medical examiners. Approximately 3/4 of the students that work with the Coalition have had a physical assessment course in medical or nursing school, but there still remains that 1/4 who need a structured formal course. The course takes a lot of early planning and the cooperation of faculty to make it a success.

Planning for the course began in November. Slide show presentations of Coalition work were shown to all faculty who had returned our surveys, and indicated an interest in the Coalition. It was from this preliminary list, that the course was initially set up. Stephanie Peters, third year nursing student, talks about the process involved to set the course up, making it a success.

Paul Olson, second year medical student, and I first started organizing the course by reviewing the previous year's course and deciding which lectures were still pertinent, and which lecturers did a good job. We decided to reorganize the course, making it more pertinent to the skills we would need, having less pathology and theory. In addition, we wanted to include more clinical and individual practice, in order to learn good examining techniques. Our prime objective was to get the examiner familiar with what "normal" looks like so that when something appears abnormal, the students will be attuned and question.

The course was structured with one hour of lecture followed by one hour of lab time. We obtained one main lecturer, from medical and nursing faculty, and requested the help mostly of third and fourth year medical students during lab time, for more individualized attention. It was not easy to get teachers. We had the names of a few people from last year. Essentially, we started from scratch. The pediatricians were especially helpful. Gwen had spoken at a pediatric conference and had passed a list around. We did have some names to call initially.

Setting up the course took about three weeks. Paul and I met

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*Drop your pants and bend over, PLEASE !*

several hours each week, discussing what subjects we wanted taught, and in what order. Paul wrote a letter to the third and fourth year medical students, asking for their help during lab times.

An important feature in this years course was a series of observation trips to such clinics as the GU clinic at the VA, Pediatric Clinic at Vanderbilt and Nashville General, and the Waverly-Belmont Clinic. The various doctors rotating through the clinics agreed to precept two students each on good examination techniques. We asked that those people planning to work during the summer attend at least one clinic per week. The students were very favorably impressed with the doctors and family nurse clinicians that worked with them during clinic time.

One big plus to the course from last year was the class on pelvic exams. For the first time we had patient surrogates who volunteered their time to allow students to do pelvic exams.

Suggestions for next year would have to include requiring Barbara Bate's book on Physical Diagnosis, for the course. Too often, the students still felt uncomfortable doing exams and somewhat confused during lectures. Reading the corresponding chapter would have helped. Bates is also an invaluable reference during the summer.

I would also suggest the use of evaluation forms after each class period. The students would make suggestions and give their opinions on the usefulness of the lectures and clinic time. This information would help when setting the course up next year.

Lab techniques deserve more coverage. I might suggest a Saturday workshop. This will give the examiner more time to practice the skills and become more familiar with the equipment used.

Along with the pelvic exams, there also needs to be a hernia-prostate exam.

The Coalition students when evaluating the course, also had several other helpful hints for the next year. Karen Carlson, first year medical student, suggested

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The definition of one's boney and the other is skinny. Boney means you cannot see the bones, and skinny means that the bones are visable. Remember this termonology. It was developed by a ten year old. Smart kid!

that there be one class on audiometry, especially interpreting the audiogram. Included in that class should be explanations of the expected hearing loss as people get older, who benefits by wearing hearing aides, the causes of tinnitus. There should also be more coverage of dermatology. There are some good films available at the VA library or common rashes.

Another suggestion, made by Whitney Jones, third year nursing student, was for the Coalition to work with the Public Health Department in Nashville. She feels it would give students the opportunity to learn the Health Department responsibilities and understand the system better, since we work with them during all our health fairs. Also, the Public Health Department is the only source of health care for many who attend our health fairs.

A final emphasis is that once the summer begins, you are on your own. So you had better know it! Stephanie sums up, "All in all, the course went well. Most of the students felt that it adequately prepared them for the summer. The lectures provided a good baseline of information and the experience in the labs and clinics reinforced good technique." (See appendix 9 for the physical assessment course outline and the faculty who helped)

#### THE YEARLY MEETINGS

To teach people how to quilt takes time. One could just show them the mechanical aspects and then give them the thread and material. But, to really give someone a deep appreciation of quilting, its history, and uses, more time is needed. Time to meet is also needed to decide on the colors and patterns of a group quilt. In the process, individual experience and expertise on quilting are shared.

Throughout this year, the Coalition has held meetings for people interested in Appalachian issues and working with the Coalition. At the beginning of the year, our meetings were very business-oriented. Unfortunately, much of the time was taken up with fundraising and what needed to be done. By December we realized the meetings were not effective. People were frustrated, because they did not have enough information to base their decisions on. Students wanted to know more about the communities they were going to be working in, along with historical information. Thus, in January our weekly meetings changed. We opened with a brief 15 minute business meeting discussing sites or fundraising. During the next hour we had a guest speaker come in and speak about different aspects of Appalachia, communities, rural health care and clinics, and

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*Our dog's howling while a guest speaker is trying to talk and ignore the noise.*

other grass roots organizations. We publicized our speakers in the University for Many and in the newsletter. Several community folks attended our meetings.

Below is our spring outline of the Coalition meetings as they appeared in the University for Many, a publication of free classes offered through the Center for Health Services.

## 4

### Appalachia Mountain life, work, politics and health

This Spring semester, the Appalachian Student Health Coalition invites all interested people from the Nashville community to join us in our meetings which will be devoted to mountain life, work, health, politics and the environment. We will discuss folklore, strip mining, TVA involvement, and other issues past, present and future.

The Coalition is a volunteer, non-profit organization composed of interdisciplinary students who work in underdeveloped rural Appalachian areas to help communities address their own health needs. The group consists of medical, nursing, law, engineering, and arts & sciences students who, at the invitation of community people, provide medical screening, rights and benefits counseling, and technical assistance. We meet Wednesday night, 7:00 - 8:00 p.m., unless specified differently, at the Center for Health Services (residence #7), Vanderbilt University.

#### SMELLS LIKE MONEY: HISTORY & POLITICS IN KINGSPORT, TENNESSEE

Jamie Cohen  
Tuesday, January 9, 7:00 p.m.

In combined meeting of the Coalition & Occupational Health Project, we will talk about the Health Fair to be held in Kingsport, TN, and how this company town with its large factories has a variety of health hazards. Jamie Cohen, director of Occupational Health Project & Student Co-director, Center for Health Services will conduct discussion.

#### PHYSICAL ASSESSMENT

Gwen Hammer, Karen Kane  
Wednesday, January 10, 7:00 p.m.

We will discuss the physical assessment course, project sites for summer, and our agenda for the upcoming months.

#### SKI GATLINBURG

January 13 & 14th.

If you're interested in going with the Coalition, call us!

#### HEALTH FAIR! KINGSPORT, TENNESSEE

Saturday, January 20, 1979  
Fort Henry Mall, Kingsport, TN

The purpose of the Fair is to disseminate educational information on health and related topics, and to increase community awareness of health problems, and service available. A variety of free screening tests are done. We hope to promote recognition of community health needs and personal responsibility in health care.

#### DEVELOPMENT: WHAT DOES IT MEAN FOR THE APPALACHIAN PEOPLE?

David Wisnant  
Wednesday, January 31 7:00 p.m.

David Wisnant, Associate professor of American studies at University of Maryland will discuss Appalachian history, folklore, culture and the TVA.

#### CONCEPTIONS OF THE APPALACHIAN REGION: PAST TO PRESENT

Richard Couto  
Wednesday, February 7 7:00 p.m.

Discussion will focus on the history and politics of Appalachia--from industrialism to the coal boom. Couto, who holds a joint appointment in the Department of Preventive Medicine and Political Science will lead discussion.

#### MEDIA PRESENTATION ON APPALACHIA

Speaker to be announced  
Wednesday, February 14, 7:00 p.m.

Various forms of media will be presented which depict the present culture of Appalachia

#### "HARLAN COUNTY, USA"

Thursday, February 22, 7:30 & 9:00 p.m.  
Sarratt Cinema--Vanderbilt University

The Coalition will work in Harlan County this Summer. The movie is a documentary on the coal miner's strike, the coal industry, and how it affected people's lives. Watch for listing in Cinema schedule.

#### TVA IN THE APPALACHIAN REGION

Jim Branscombe  
Wednesday, February 28, 7:00 p.m.

Branscombe, a freelance writer and reporter will talk about current Appalachian issues including coal mining. Many of his articles appear in the Mountain Eagle newspaper.

#### FOLKLORIST, SINGER

Anne Romaine  
Wednesday, March 14, 7:00 p.m.

Composer and singer of songs on struggles of Appalachian people in the coal mines & cotton mills, as well as lives of mountain women, Anne Romaine will conduct the evening session.

#### ORGANIZING EFFORTS IN THE APPALACHIAN REGION FROM 1930'S TO THE PRESENT

Myles Horton, John Gaventa  
Wednesday, March 28, 7:00 p.m.

Myles Horton, first director of the Highlander Research & Education Center in New Market, TN, and John Gaventa, a staff member at Highlander will conduct the evening's discussion.

#### WOMEN WORK IN THE MOUNTAINS TOO!

Betty Jean and Kathy Farmer  
Wednesday, April 4, 7:00 p.m.

These women work with the Coal Employment Project which is based in Oak Ridge. The Project works with women who want to be or who are coal miners; it deals with discrimination in hiring or on the job, as well as training women for leadership roles in the unions.



#### Student Health Coalition

#### STRIPMINERS WATCH OUT: SOCM IS ON THE WARPATH!

Save Our Cumberland Mountains team  
Wednesday, March 21, 7:00 p.m.

SOCM fights against strip mining for the costly destruction it brings to land, air, water and human lives. The group introduces legislation to put greater control on stripmining and reclamation, as well as provides counsel to individuals affected by stripmining.

#### COMMUNITY CLINICS IN THE MOUNTAINS--CAN THEY WORK?

Bob Hartmann  
Wednesday, April 11, 7:00 p.m.

A physician presently working in three community based clinics in east Tennessee, and past Coalition member, Hartmann will lead the evening's discussion.

#### FINAL MEETING FOR THE SEMESTER

Wednesday, April 18, 7:00 p.m.

A business meeting--the Summer project will be discussed. This meeting time will be open to additional speakers, or any specific requests the group has. WATCH FOR THE START OF COALITION MEETINGS IN THE FALL. HAPPY SUMMER VACATION.

## HEALTH EDUCATION

Frustration is trying to plan how the crazy quilt will come out. It changes form each day as different events and episodes take place. Thus was the area of health education for the medical co-director. FRUSTRATION! I felt that this was a big area to work on this year. Since our health education fair in White Oak, Tennessee had failed last year, I felt that this was a direction that the Coalition needed to start early in the fall. After receiving the surveys that had been sent in October to all medical and nursing faculty, and holding slide show presentations for all interested faculty. I had 15 faculty interested in health education. Of these, 99% were nursing faculty. My next step was a meeting of all health education interested faculty to show our video films from the summer before. At this meeting I planned to hand out 16 topics that students needed to prepare for the summer and let the faculty pick their area of interest. Meanwhile the students working with us for the summer would select their topics and start preparing them, with one month preparation time. Then the students and the faculty would meet together for a Saturday workshop in which faculty and students would work together on the topic. The faculty helping students by informing them of methods tried vs. methods that worked, films on the market that were good vs. films that were bad, and instructing students on use of the resources available.

How it Failed:

1. The original noon meeting for health education interested faculty set for Wednesday, February 14th was a bad day, we were to find out. Several other meetings were scheduled for the same time also, obviously ours was low on the priority list. Two faculty attended out 15.
2. Hiring of students, due to various reasons, did not take place until the week of the workshop. Thus, topics could not be given adequate preparation time.
3. The health education workshop date had been set two months in advance to accommodate everyone. Thus, it could not be changed at last moment.
4. Frustration is trying to get everyone together for a communal meeting and realizing you will never be able to accommodate everyone.

How it worked:

Thus, I called all health education interested faculty and cancelled the workshop for them. The workshop was instead mainly for Coalition students. When they arrived on Saturday they picked their health education topics. After that we were very lucky to get Dr. Jim Perrin, Director of the Vanderbilt Primary Care Center, to come and facilitate the discussion on health education. I had found him through past conversation to be very helpful because he always encouraged me to speak out. I felt he would be the perfect facilitator at the meeting for students trying to relate their thoughts on health education. From the

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final evaluations, students were very favorably impressed with Dr. Perrin. They found the two hour period informative because Dr. Perrin catalyzed communication and education among students instead of lecturing. Barbara Little, first year medical student, stated "Dr. Perrin was an excellent choice for the discussion leader, he brings out new ideas from the group without following his guidelines." Miller Batson, first year medical student, saw the meeting helpful in other aspects, realizing this was the first time the group was officially together. He stated:

It helped me realize some of the problems we would be facing as a group. It helped to visualize our approach to the dissemination of our medical knowledge and we realized many of our limitations. I was beginning to get the first feelings of groupness and shared goals as well as a realization of spending time together working them out. Most people seemed to be growing from the discussion. Dr. Perrin was very helpful. He had a knack for steering a discussion, having us come up with our own conclusions rather than listing his own ideas and discussing our feedback.

The students felt that the time was very worthwhile because of the role playing that also took place. Dr. Perrin had one student be a mother with her child, while he was the health educator. For those who do not believe in role playing, it really helps. Bruce Richards, first year medical student, remembers, "The role playing challenged us to think about what we would be saying and what right basis we have for saying so. The presentation helped prepare us for interaction with people at the health fairs in productive ways. In reality the most effective health education tool at the fair is conversation, one-on-one!"

Thus, the students had two months to prepare their topics. I know that many, even though warned, waited until the last minute to do their research. During orientation week, I made them all give 15 minute presentations of their topics to the group. It made for a long day, but with our time limit that was the only way it worked out. My reason for this was mainly to get them in gear, to collect their information, because I knew once we left Nashville, literature is very hard to obtain and resources few and far between. The purpose was to get the students prepared, and put them on the spot to finally get their information together. Also it was a time for other students to realize what was available so that they would be able to pick out the best pamphlets for patients during the fairs. (See appendix 10 for list of health education topics covered this summer)

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*Remember all the fun birthday parties of the summer!*

It was encouraging for me, the medical co-director, to read the final evaluations and receive as much positive feedback as I did about health education. I remain emphatic about the importance of health education, especially preventive health care. As far as I am concerned, the present health care system does not incorporate enough of this. People have a right to good health care, but do not know how to utilize it.

I see a big role in the future with health education and the Coalition. A major concern of the other co-director and me was the future of the Coalition when there are no longer any appropriate health fair sites in our area of work. I personally believe that preventive health care and education will emerge as a project emphasis. The Coalition can start retracing its steps, going back to community clinics which the Coalition helped to organize and to areas where the Coalition has been with health fairs, and hold preventive health education fairs. A health education fair was tried last year in White Oak, Tennessee, and failed. We learned from that experience why we failed at it and now are a step closer to successful health education. The Coalition has been working for ten years. We have some amazing statistics and knowledge of what does and does not work. The Coalition is in a very good position to compile a health education booklet, which would benefit other health groups as well.

So there is a definite need for preventive health education. Hopefully the Coalition will pursue this direction soon. I tried this past year, but my energy failed me. After working during the summer, students then realized how important health education was. Trying to convince them during the year before the summer, before they experienced it in reality, was like talking to a wall. Negative looks and no enthusiasm or uncarried out commitments were their nonverbal ways not to bother with health education. The problem is these students that finally realized this need after the summer, are gone, and the new co-directors are dealing with a green group of prospective medical examiners. It is almost a Catch - 22.

My suggestions for the future are:

1. Each month, a different health education topic should be assigned and the group should work on it as a whole. By the end of the month, a summary should be done on the topic with references, pamphlets, and specific facts about the topic to be added to a loose leaf notebook.
2. The Physical Assessment course lectures should be videoed with editing done as necessary to make each lecture a permanent tape for our library. When students have missed a lecture, these tapes will be available and also teaching-oriented, so that the student can learn on their own.
3. STRONGLY!!! utilize the nursing faculty. They are very willing to help and very knowledgeable in this area.
4. Hold a spring health education fair, somewhere, to prepare the students.

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*The Coalition was very lucky this summer to have a certified emergency pap chap. She was always prepared!*

### SITE SELECTION

Site selection is one of the crucial, time consuming aspects of the project. It is also an enjoyable time that is spent traveling in the mountains. Without the sites, the project cannot function.

## SITE SELECTION

All quilt patterns are nice. But somehow once you have chosen the specific design, it takes on an additional beauty and significance. Selecting communities is a similiar process. Every community has its unique characteristics, yet there is something special about all the communities the Coalition has visited.

Site Selection is an important part of planning. The communities, like the quilt pattern, determine what the quilt will look like - how many students needed with what particular skills. The Coalition's expertise can benefit some towns more than others, for community needs vary. The Coalition must look into its box of threads, colors, fabrics, and materials to see if we can help. Sometimes the Coalition does not have the necessary resources and so we go out to acquire them.

Site Selection is not a decision made by two people. Several Coalition members must talk with many community people to see how the Coalition can best work with the community. The Coalition looks for leaders in a community, people who want to teach others, people who hold respect and so can involve others and delegate responsibility, people who know how hard a quilt is to make.

Finding a community, like deciding upon the right pattern, can happen in many ways. Community people we have worked with have suggested a relative or town they know that might be interested. We solicit ideas from students, faculty, and community workers. The Coalition also receives letters and phone calls from various community people asking for our assistance. In addition, the Coalition does some researching on its own. We compile statistics on different counties, look at health provider concentrations, and talk to health departments to determine areas of greatest need. We drive to communities and talk with the storekeepers, the residents, the school personnel, and members of local organizations to let them know who we are and to find out if we can work together.

It is a slow and frustrating process at times, but generally exciting. Even if it is mutually decided the Coalition should not come into a community, the people we have met who have welcomed us, talked with us, fed us, and have given of themselves have made the trip worthwhile.




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Remember our first day of site selections. We pitched the tent and lay down exhausted, expecting a restful night of sleep, when suddenly we were attacked by NO SEE UMS! Frantically we tried to fight them off with no hope. The next morning one of us was found in the car, and the other burrowed deep within the sleeping bag.

This year site selection began in September. After looking at statistics, the Coalition decided to work in northeast Tennessee and southeast Kentucky. We drove out many times and  
 ple in over 20 counties.  
 populated enough to spon-  
 communities had adequate  
 In several areas we were  
 base of support from com-  
 communities we had mixed  
 wanted us while others did  
 portance of initial community support, we discussed each community in depth  
 before making any final decisions.



talked with various peo-  
 Some areas were not  
 ser a health fair. Other  
 access to health services.  
 not able to find a large  
 munity people. In many  
 reactions, some people  
 not. Recognizing the im-

After the Mulberry health fair, we maintained contact with the Whitley County Health Council. When we visited a council meeting in February, a formal invitation was made asking us for another health fair. (See letter from Whitley County at the beginning of this report under Mulberry follow-up) Historically, communities in which the Coalition has visited two successive summers have an increased rate of establishing permanent health clinics. Given that information, the invitation and reasoning offered by the Health Council, and the Coalition's desire to return to Mulberry to visit old friends, the Coalition decided to sponsor a health fair in Mulberry this summer. We made an agreement with the Health Council, outlining each of our responsibilities. We would return this summer and hold our first health fair in Whitley County. Since it would be the first fair of the summer, the community organizers would have minimum time to prepare for it. We received a commitment from the council to be responsible for major publicity, housing and food for the Coalition participants.

The first time the Coalition went to Wallins Creek was in late November. We were passing through Harlan County on a site selection trip, decided to contact the community clinic in Evarts. The physician at the clinic, Dr. Rachel Eubanks, suggested three communities in Harlan County that lacked health facilities. She gave us names of people to contact in each of those areas. Dr. Eubanks believed Wallins Creek, having the largest population of the three, had the greatest need. Wallins Creek which was once a thriving center of business and commerce had been devastated by continued flooding and population loss. We met with the physician's contact and the Fellowship Center. The Center's board was very responsive and so we pursued other names of Wallins Creek residents given to us by the Fellowship Center, Appalachian Science in the Public Interest, Council of the Southern Mountains and Highlander Center. We

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*What good times we had on site selection.  
 Sitting in old country stores, munching on an  
 apple, and casually talking with the people in  
 the store. Just laid back, totally enjoying what  
 we were doing.*

met with the Wallins Creek PTA, Harlan County Health Department, and Harlan Appalachian Regional Hospital before deciding to work in Wallins Creek. Our community support proved to be strong. We had a very successful health fair, and the community formed a solid health council that has been meeting since July. The council recently became incorporated and is now seeking funds.

When we contacted people from the other two "health shortage" areas given to us by Dr. Eubanks, we met members of the Volunteers for Flood Control in Harlan County. The Volunteers for Flood Control is a county-wide, grass-roots organization working to minimize the effects of flooding in the county through better warning systems, dredging, and other preventive measures. The Volunteers asked for Coalition assistance to research legal and engineering aspects of flood prevention, and to improve educational outreach. We decided to sponsor special projects on flood control with the Volunteers. We felt the Volunteers for Flood Control was a worthwhile organization that could benefit from our involvement. In addition we wanted to have the special project sites near the health fairs so special project workers could maintain contact throughout the summer.

Having chosen two coal mining communities, the Coalition decided the third health fair site should not be in a mining area to expose our students to the diversity of Appalachian life. In January, the Coalition and Occupational Health Project, also from the Center for Health Services, sponsored a health fair in Kingsport, Tennessee with assistance from the Tennessee Valley Authority. Kingsport is a highly industrialized town. Its factories employ workers from a fifty-mile radius, and the environmental consequences of the city's industry affects residents in the greater northeast Tennessee region. Coalition members performed health screenings, took occupational health histories, and provided information on environmental and occupational health hazards. The Coalition's interest in environmental health issues encouraged us to visit communities in the area. We met with the Primary Care Coordinator for Hancock and Hawkins Counties. He had done extensive surveying throughout the counties and had proposed the need for several community-based clinics. We met with interested citizens at public meetings in these areas to offer our assistance. Two of the towns were communities in which the Coalition had previously sponsored health fairs. Neither of these communities needed our assistance for they had already established strong local support. The Kepler area, however, lacked a local community health group.




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Exhausted, trying to find a place to stay, we got lost in Kingsport and ended up driving in circles for quite awhile, before it dawned on us that something looked very familiar, like we had been by it at least three times. We highly recommend the Econo Motel if you are not thrifty. Names are deceiving!

The Coalition met with the school's principal and the PTA. We inquired about the need for increased health services and the lack of a local health group. They felt there was a need and gave us names of residents they believed would be interested in getting something started. We decided to hold a health fair in Kepler with the support of the Hawkins County Hospital, the Kepler School and the Kepler Ruritan Club. In addition, we contacted people we met through the Kingsport Health Fair to provide information on occupational and environmental health problems. They were very interested in furthering the public education that had been started at the Kingsport Fair. We tapped them and other resources throughout the county and region to include health issues the Coalition had not previously dealt with.

For communities to derive the most benefit from health fairs, community organizing efforts or special projects, site selection needs to be done as early as possible. The Coalition hires its members according to the specific needs of the community, so those needs must be identified early. Does the community want a health educator, law student, nutritionist, dental hygienist, lung specialist, or a nursing student? Also, once the communities have been selected, the Coalition can begin working with local residents to plan for the summer activities. When community citizens are involved in planning the health fair, the fair is more successful and likely to catalyze a strong health council. So, like a quilt, site selection determines the overall pattern. However, the colors and materials - the Coalition and community people - are the major factors influencing the outcome.

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Freezing, standing in a telephone booth in an alien town, realizing it is going to snow, and we have no place to go. Luckily for us, we were housed that night by a contact person, who happened to ask us where we were staying. This was how we traveled most of the time, lucking into a place to stay by chance.

### OTHER ACTIVITIES

Even though we were very busy planning the project, tripping into East Tennessee, Kentucky, and Virginia, and organizing, time was found to offer our expertise and knowledge to other groups. These groups were ACT 79 and Health Coalition conferences.



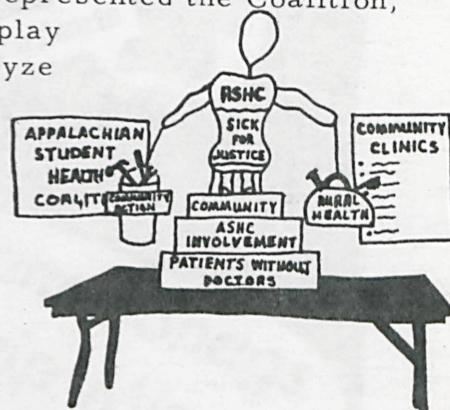
## WELCOME!

The Coalition was honored to be asked to attend the Appropriate Community Technology 1979 (ACT 79) fair and conference on the mall in Washington, D.C. on April 27-30th. The fair was to bring together people who were displaying, talking and sharing skills in their areas of community technology such as land use, solar, energy, wind, transportation, food, agriculture, and health and community economic development.

The fair housed exhibits and speakers, addressing the nation's growing concern over the misuse of resources on which we depend. The idea of ACT is based in the traditional American notion of thrift, the sensible use of human, fiscal, and physical resources. Alternative technologies are designed to make the best possible use of local resources. Included at the fair were hardware technologies such as solar collectors, wind generators and green houses, and such process technologies as preventive health education, credit unions, direct marketing systems and integrated pest management. People from all parts of the nation participated in the Fair, and the ideas represented related to the needs of urban, suburban, rural, middle, working-class, and poor Americans.

The fair was set up like a community. The Coalition was represented in the health tent of the village. We, the co-directors, represented the Coalition, with our own home-made, ingenious, eye-catching display and talk on the Coalition and how we in ourselves catalyze and energize many forms of community technology in the health care area. We catalyze this energy by directly working with people on their community problems, forming health councils, working on patient advocacy, especially preventive health care, and teaching them how to take initiative for action. The Coalition uses human energy.

We felt we made some valuable contributions to the conference. After two days of talking continually to interested fair goers, we left tired and voiceless, but excited. A lot of name passing and information



*What a blast we had in Washington, D.C. We were housed with a Peace Corp volunteer, who had some wild and crazy friends. I can still hear one of them who called us Tennessee instead of our names shouting with joy and yelling to us that we were to wild to be for real. We danced all night, showing them what hard core "Tennessee" folk were like.*

*P.S. Don't forget the cigar!*

exchange occurred and many were extremely interested in our project. The impact hit us even more when we started receiving much desired information requests in the mail back in Nashville. People were truly amazed at what, we, the students were doing with communities in rural areas with health care.

### COALITION CONFERENCES

It is amazing when you realize people all over the country quilt. Each region has its own designs and styles that have been passed down through the families. Yet there is an underlying bond in all quilts and a ~~comra-~~ derie between all those who perform the art. This is also true with the Student Health Coalitions. Vanderbilt is proud to be the first of six Student Coalitions throughout the southern states. All the Coalitions pattern themselves after Vanderbilt's health fair model. We share similar philosophies of local control, but have developed individually to best serve our communities.

This was the second year all the Coalitions met to share discoveries and learn from one another. In October we met in Atlanta, Georgia at Emory University. In May the conference was at Norris Lake in East Tennessee. Each Coalition was responsible for leading a workshop. Topics included site selection, fundraising, community organizing, recruiting, and follow-up. The support and knowledge gained was very positive. Ideas on how we can work close together and help each other by joint proposals, newsletters, and on-site visits are currently being discussed.

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Remember the night before we left for Act '79, we were up working on our display. What a hilarious time we had the next day remembering where we had gotten most of our supplies for the display. Thanks Flo for having the best equipped desk in the Center. We did feel sorry for the rest of the Center staff who went through strict interrogation, until we returned with the scissors, pins, etc. Ha ! Ha !

Problems Are Explored

## Health Clinic Discussion Is Set

By JEANNIE NAPIER

Of The Enterprise Staff  
The possibility of a new health clinic in Wallin Creek will be the topic of discussion at an open meeting on July 18 at 7 p.m. in the Wallin Creek school. The meeting is being sponsored by Appalachian Student Health from Vanderbilt.

The Coalition consists of over 500 physicians, medical, nursing, law, dental and engineering students who work during the summer in rural communities providing free health services.

"What we have done here at the fair is very positive," said Margaret Drickamer, medical examiner. "We want to help these people. This has been an incredible and positive experience for me," she said. "This is completely a change in life."

## Keplar Community 'Health Fair' Set

GERSVILLE — Hundreds of Keplar Community residents are expected to receive free comprehensive physical exams from members of a Vanderbilt University medical team during a two-week long "Health Fair" which gets under way tomorrow.

# THE SUMMER

HEALTH FAIR JUNE 1939

## Emergency Room Care Questioned By Area Patients



## Panel Snags Strip Mines Control Issue



### ORIENTATION WEEK

Orientation week is the countdown, the kickoff for the summer. Expectations are high, students are anxious to get going with the project. Orientation week for us, the co-directors, is a time when we finally have every student that is working, together. No excuses, everyone is present. At this point, during this one final week of preparation time, we are finally able to cover all last minute required material. The orientation week is broken down into several categories which are, medical, community organizer and special project orientation. The week ended with a campout retreat.

## COMMUNITY ORGANIZER AND SPECIAL PROJECT ORIENTATION

The community organizers and special project workers were given an orientation. We began discussing what is a community organizer, our purpose this summer, and what are our individual strengths and weaknesses. We learned how many different resources were in the group. Much of the purpose of the orientation was to create a support group among the Coalition members, so as problems arose over the summer, they could share them with one another and get ideas. In the past, the medical examiners have been a tight group because they work so closely together, whereas the community organizers and special project workers live in pairs in the community, having a lesser feeling of "group". The orientation succeeded in creating an atmosphere of group identity and support that lasted throughout the summer. During orientation community people were brought in to discuss their community's development, what mistakes and successes they had and what we could learn from their experience. We covered everything from entering the community, press releases, fund raising, incorporation of a health council to leaving the community. (See appendix 11 for the community organizer and special project worker orientation schedule)

## MEDICAL ORIENTATION

Orientation week for me, the medical co-director, was a very difficult position. I had students ranging from no experience to one year of institutional physical assessment courses. All the students, of course, were to attend the Appalachian Student Health Coalition's physical assessment course, but I knew not everyone had religiously. The only way I could be sure that everyone knew the skills was to go over them all during orientation week, no matter how simple they seemed. Some students complained loudly about it, but oddly enough, I found students who were deficient in some of the basic skills.

Thinking back, I am glad medical orientation went the way it did. Not only did I want the best possible medical care for the communities and people we were serving, but I wanted our students to learn the importance of professionalism. Professionalism included: good charting and follow-up, proper documentation of lab work, physically handling the patients appropriately, whether it be a shot or pelvic, and respecting the patient's confidentiality. Diane Getz, first year medical student from Wisconsin, commented on the "scare letter I had written her. Never seeing her or her skills, I had written a very hard letter defining what was expected of each student. In it I pointed out that the shot you

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*Bombing around Nashville in Libby's pick-up truck, trying to get last minute supplies before the stores closed. Watch out, here comes the "Big Sherman!" Varoom!!!*

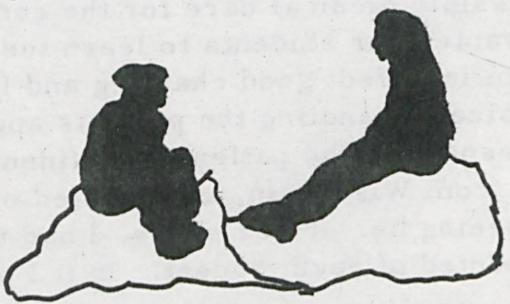
give some child may be the first one they ever had. Give a bad shot and the child may associate the doctors and health care with that one bad experience. Diane said that it shocked her a little, but after thinking about it, she understood my point and the reasons for "laying it on the line".

Also during orientation, students had lab time to practice their physical diagnostic skills with trained personal supervising. Afterwards we gave 100 children at a day care center free camp physicals. (See appendix 12 for the medical orientation schedule)

### RETREAT

At the end of the week, medical examiners, community organizers, and the special project workers went on a retreat. At the retreat there was an evaluation of the orientation. The most common criticism was that the importance of the community organizer was too much stressed. In many ways I, Kandy, feel this was my fault. Last summer I felt the health fair and medical examiners were the heart of the Coalition. They were the majority of people, and it seemed meetings and decisions revolved around issues pertinent to them. As an extreme response, I tried to stress the importance of the community organizers and how the medical examiner merely helps the community organizer. Looking back, I realize how wrong I was. Everyone in the Coalition is equally important. We help each other. We could not be half as strong or effective without both the community organizers and the medical examiners.

The students' final evaluations stressed the necessary integration of both workers, because they felt the orientations were too separate. Everyone in the Coalition should have time during the orientation week to be together and discuss each other's roles, Coalition's goals, and how we work together. Some time was given for this exchange, but the majority of time was spent on technical skills. Students also expressed an interest in the showing of more documentary films. They enjoyed the ones shown, and hoped there would be more.




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Chris S. and her frog she caught at three a.m. Who could forget those damn frog legs that she never cooked, but kept saying she would. Every time we opened the cooler for a cold drink, pee you! Those smelly old legs would be winking at you.

### THE MECHANICS OF THE 1979 SUMMER PROJECT

The summer begins and the quilt finally begins to take many fanciful shapes, and the colors become quite active working side by side in contrasting, exhilarating positions. Thus, the main activities of the summer are the health fairs, community organizing, and the special projects. Everyone assumes an equal responsibility and vibrancy, as they take on their specific roles, carrying out tasks and essentially stabilizing and producing the quilt.

## HEALTH FAIRS

A very important part of quilting is the inside of the quilt. Without the inside filler, the quilt is almost useless. The filler adds stability and durability, not to mention warmth. Thus, the health fairs were this main ingredient of stability and durability for the Coalition.

This summer the Coalition held health fairs in three communities, examining 1,492 men, women, and children during six weeks of health fairs. Health fair communities and dates were as follows:

Mulberry, Kentucky at Popular Creek School: June 6-9 and 11-15

Follow-up: July 3-6

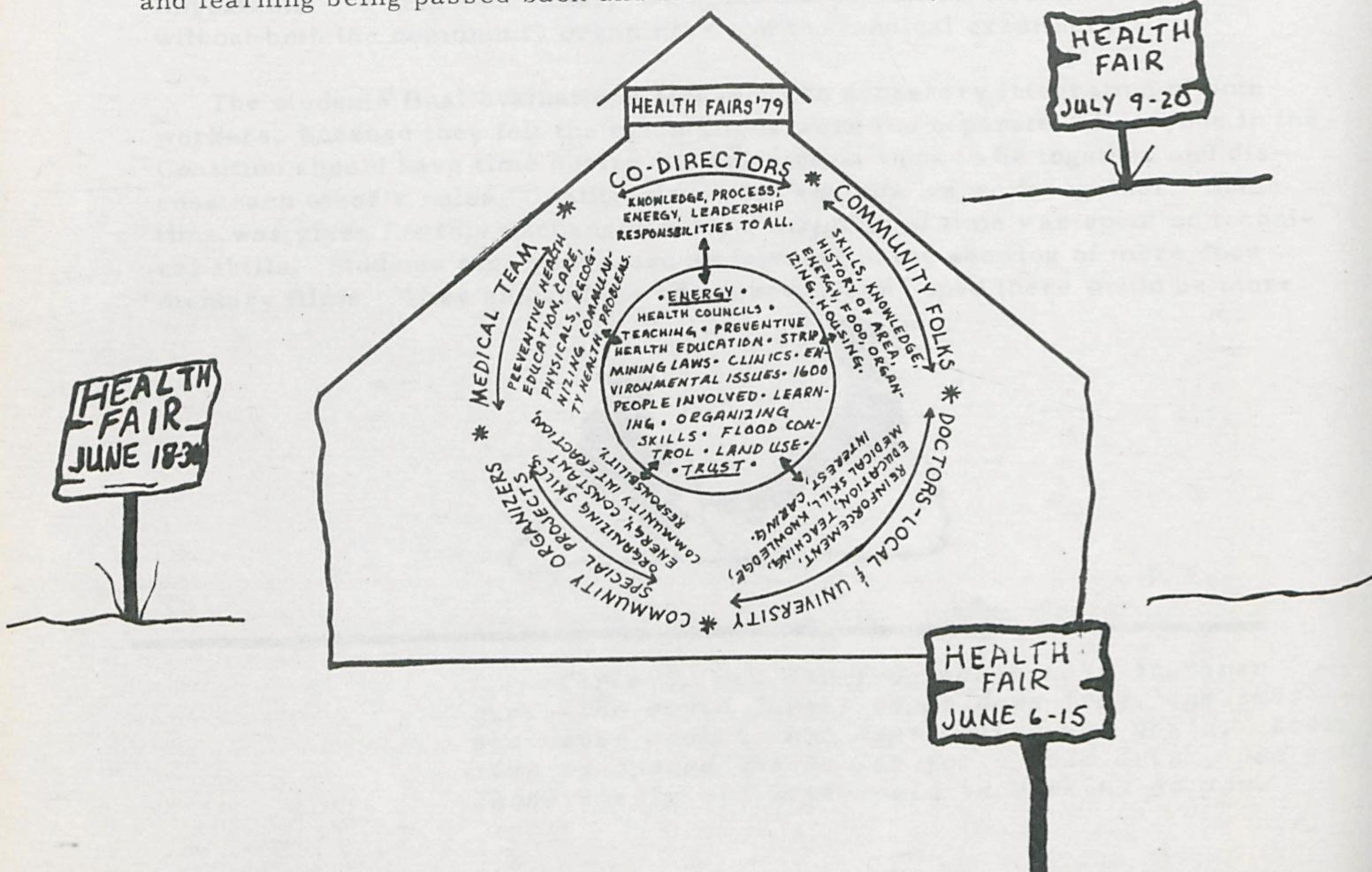
Follow-up: July 3-6  
Wallins Creek, Kentucky at Wallins Creek Elementary School: June 18-20, 23,  
and 25-30, with follow-up: July 23-27

Keppler, Tennessee at Keppler Elementary School: July 9-13 and 16-20

Follow-up: July 30-August 3

The mechanics of the health fair are very extensive, with a complex organization of the students, doctors, community organizers, and community folks, working together as a team. A health fair takes several months of planning after sites have been selected.

The health fair is a constant turbulence of energy, with much information and learning being passed back and forth between everyone involved.



Free health care services are provided by all the students involved. Usually the health fair is set up in a school, with the main energy flow being in the gym. The gym is where registration, community, education, nutrition, dental, and rights and benefits booths are located. The exams go on in separate classrooms that are walled off with sheets, making private exam rooms. The health fair transforms a school in several hours to a gayly decorated source of immense energy and action. On the following page is a schematic drawing of the process the patient's go though when attending the health fair, along with a typical day at the health fair. The health fair is broke down into three major categories which are: the day, the night, and follow-up.

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The funniest sight was the Coalitioners attempting to set up their first health fair. Tangled ropes, frustrated faces, and rising tempers were peaking after tearing down three times and starting over. By the third fair, the students could have set up with their eyes closed.

# THE DAY

1 REGISTRATION



3 HEIGHT AND WEIGHT



2 EYE EXAM



4 LAB WORK

- hematocrits
- appropriate blood work (CBC, SMA6, thyroid functions, etc.)
- pinworm screening
- urinalysis
- pregnancy tests
- RPR
- sickle cell tests

5 IMMUNIZATIONS

- Everyone gets a TB skin test
- Updated on DPT, dT, MMR, and polio shots



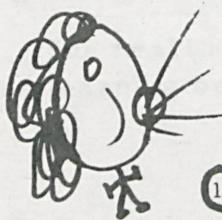
6 AUDIOOMETRY  
(ear hearing testing)



8 AIR PUFF TONOMETRY  
(Screening for glaucoma)



7 LUNG FUNCTION TESTING



9 URINALYSIS  
- dipstick and microbial



11 RIGHTS AND BENEFITS

- Medicaid
- Medicare
- Food stamps

13 HEALTH EDUCATION



12 NUTRITION COUNSELING



14 WAITING PERIOD - This is the time spent after the patient has been through all the stations and is waiting for the physical exam. During this time the patient can browse through the health education material and community booths present, fill out health surveys, watch the Coalition Health Education video tapes, and talk with community organizers about their area and community needs.

15 COMMUNITY BOOTHS - are an important aspect of the fair. The Coalition, especially community organizers, encourages various community groups and agencies to set up at the fair with us. This opens up an awareness for the community folks who come to the fair, realizing what health and environmental agencies are available, along with community and private organizations.

16 PHYSICAL EXAM - A complete medical history and physical is performed by the student medical examiner. These diagnostic skills are done if necessary: blood work, EKG, and routinely on all women pelvics, with gonorrhea cultures and pap smears. All this work is supervised by the precepting physician.

### THE NIGHT

Students spend their nights with the family that is housing them. The students with their families would attend community functions and activities, learn new skills (quilting, dulcimer playing, woodcarving, etc.), go berry picking, or just sit on the front porch and talk. Often after the health fair day, the Coalition would sponsor free entertainment for the community such as: square dances, banjo playing, films, poetry reading, and softball games.

### FOLLOW - UP

The fair usually lasts two weeks, with some follow-up being done in that period, such as referral to local doctors and hospitals when the need is felt that the patient needs further care. The main follow-up is when the team of allied health students returns to the community a couple of weeks after the fair to do more extensive follow-up using home visits and referrals. Students send a letter to all people seen at the fair, indicating all procedures done to them and the results of all tests. Then, each person that warrants extra attention is home-visited by the student, checking to see if the person is doing what was suggested during the fair. This personal follow-up is one of the most important aspects of the health fair. (See appendix 13 for the follow-up letter)

Many of the students felt that follow-up was one of the most rewarding aspect of the summer project. Many of the students received personal letters from people examined, thanking the student for caring. Margaret Drickamer, second year medical student from McGill University, writes about her experience. Enclosed on the next page is the letter Margaret received.

Augusta Buell is a 42 year old women who, two years prior to when I saw her at the Wallins Creek Health Fair had suffered a Left Sided Cerebro-Vascular Accident (Stroke) and was left with speech problems and moderate to severe right sided paralysis. Not only was Mrs. Buell being grossly mismanaged medically (just for example she was on systemic prednisone for a mild skin problem which greatly increased her risk for a second stroke) but she had spent the two years since her stroke sitting watching television, gaining weight. I spent some of my follow-up week with her, getting her involved in the workshop in Harlan, helping her figure out how to cope better at home and straightening out a few of her various health problems. We have corresponded since I left Harlan and I am happy to say I think she is making real steps towards living with her disability, rather than just existing.

On the two following pages after Mrs. Buell's letter are letters from a private local doctor and the Daniel Boone Clinic to our students that sent the patient for referral to them. The letters were very rewarding to the students, giving them a feeling of accomplishment.

Sept. 4, 1934  
Harlan Workshop

Dear Margaret

Well, Ans. your letter is received sat. I was really glad to hear from you. I think I'm doing some better. I'm going to this Workshop in Harlan everyone up here are very nice.

The work you are doing seems awful interesting. It's good I am healthy in a way tho. from the way you talk about the people you work with. at least <sup>not</sup> in a wheel chair and I thank God for that it could be a lot worse.

The workshop is going to give me speech ~~ther~~ therapy I think that will help too. Well I think I'll close for now take care of you self I hope to see you again sometime.

Long time  
Margie

THE DANIEL BOONE CLINIC  
HARLAN, KENTUCKY 40831

September 26, 1979

The Appalachian Student Health Coalition  
Center for Health Services  
Station 17 VMC  
Residence No. 7  
Vanderbilt Medical Center  
Nashville, TN 37232

Re: Hellen Grant  
Wallins, KY  
Birthdate: 5-12-24  
HARH No. 132467

Dear Sir:

The above-named patient was referred here for further study after she was found to have increased intraocular pressure. The patient was found to have intraocular pressure right eye, 32, left eye, 27. There is a strong family history of glaucoma, her father was said to have been blinded by this disease. Slit lamp examination revealed slightly narrow anterior chamber and on gonioscopic examination her angle was found to be narrowed. The visual field was full and regular and fundoscopic examination revealed no evidence of glaucomatous change of the disc.

Because of her findings and the strong family history of glaucoma, it was thought that it was best to treat her for glaucoma. She was started on Pilocarpine 1% to use 1 drop in each eye twice a day. The patient is to return in one month for followup and will be followed here.

Thank you again for referring this nice patient.

With best regards,

Very truly yours,

T. D. Pruitt, M.D.

TDP/dlg

O. RAYMOND LOWRY, M.D.  
INTERNAL MEDICINE AND CARDIOLOGY  
DIPLOMATE: AMERICAN BOARD OF INTERNAL MEDICINE  
401 McFARLAND STREET  
MORRISTOWN, TENNESSEE 37814

Phone 581-2795

November 28, 1979

Vanderbilt University  
Center for Health Services  
Appalachian Student Health Coalition  
Vanderbilt Medical Center  
Nashville, Tennessee 37232

Att: Linda Shepherd

Re: Bufford Bowlin

Dear Ms. Shepherd:

Enclosed is background information on referral seen 8/15/79 for the first time from your services. The patient was seen following the last hospitalization on 9/17/79 and was getting along well except became real short of breath on cutting wood, with some slight tightness in the chest which was gone in a few minutes. He noted that he only smoked 6 or 7 cigarettes in preceding week. He was seen again 10/1/79 noting some aching in the legs and the arms, stating the discomfort was more in the afternoon than in the morning. Chest was clear to auscultation. Cardiovascular rate was 88 and regular. The patient was felt to be having musculoskeletal pain and was placed on Motrin 400 mgs. t.i.d.

Sincerely,

O. Raymond Lowry, M. D.

ORL/mk

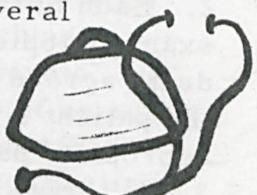
### CO-DIRECTORS

When the summer arrived, we realized that the majority of the project was out of our hands. Everyone had an equally responsible role to make the project a success. We were there at first as crutches for the students to lean on. As the summer wore on we felt a lessening in the pressure of the leadership role as students became more independent, taking on tasks, responsibility, and leadership, without us overseeing every move. Needless to say, we felt the overall responsibility for anything that happened, and one of us was always present for consultation or dealing with hassles that erupted from various agencies throughout the summer.

### MEDICAL EXAMINER

The medical examiner is usually a third and fourth year nursing student and a first and second year medical student that has joined the Coalition because of their interest in rural health care. These students are prepared for the summer work by the Coalition's physical assessment or other diagnostic courses.

The students perform on all patients attending the fair, complete medical histories with physicals, including pelvics on all women. All the data from the screening stations (eyes, hearing, laboratory, dental, urinalysis, and height and weight), along with the physical exam and history is compiled, charted, written up in a SOAPE format, and a plan of action is formulated. In many cases, referral of the patient to a nearby doctor is the ultimate outcome. The student then sends a copy of the chart to the doctor, explaining who the Coalition is, and why the patient is being referred. Several weeks later the student then comes back to the health fair area for follow-up on all patients seen, whether referred or not.



Many key people have emerged in the communities after being examined. The medical examiner during the physical exam learns more about the community person, and usually introduces them to the community organizer after the exam. Often the medical examiner is tired at the end of the day, working at least ten hours each day in extremely hot, crowded conditions. The medical examiner tries to become actively involved in community activities at night, but often they prefer to go home to their families they are staying with, spending a quiet evening.

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*Each medical examiner recalls how green they felt with their first physical, but even more memorable were the low flying birds at Mulberry in the gym. Not only were the students concerned with giving a good physical, but they also were very aware of low flying missiles, that one had to duck, as the birds chirped away, and the student cleaned his brow.*

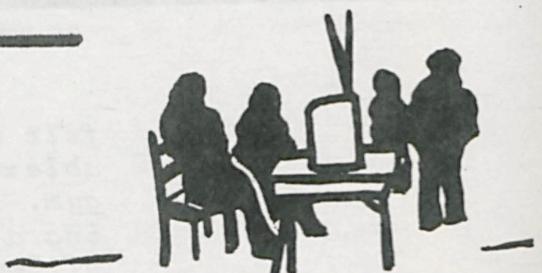
The medical examiners, at times, are very pressured in examining mass quantities of people, and at times become frustrated because they cannot spend more time discussing major community health problems. They are very caught up in mechanically performing physicals, and often can lose the drift of ultimately why the Coalition is in the community. Although at times they seem uncaring, they really are not. The medical examiner does an excellent job with preventive and health education. This is an area that comes naturally to many of the students, and is one of the most important services they provide.

As a whole, the medical examiner becomes very adept in their diagnostic skills by the end of the summer. Ultimately, they have learned a lot more. They have a more valid and real concept of the problems with rural health care. They have dealt with many people on a one-on-one level, and have gained further insight about the rural area as a whole, its problems (environmental and occupational) along with the beautiful aspects. These students, if finally in rural practices, will be able to deal with the community as a whole, instead of just giving medical care.

#### HEALTH EDUCATION AT THE FAIRS

Health education was accomplished three ways at the health fair.

1. Several tables were set up with pamphlets displayed in a common area, near registration, where all visitors to the fair could freely browse through them while waiting for their physical exam. Linda Shepherd, third year nursing student stated, "I would usually see someone browsing through the health education material at all times."
2. Each of the medical examiners did one-to-one teaching during the physical exam on topics they felt were important to that particular patient. All the students agreed that they felt this was the best way to teach patients. They had the patient's undivided attention and then afterwards the student obtained the appropriate pamphlets for them.
3. In the waiting area, we had the health education video tapes set up from last year's Coalition filming. These tapes were set up to run continually. This summer our library of tapes we produced consisted of breast self-exam, dental hygiene, Mulberry health fair, and the Health Education Fair at White Oak, Tennessee. During the health fairs, people who were waiting usually would watch the videos. Amazingly enough, Diane Goetz, first year medical student, stated in awe one day, "I was examining a woman today and asked her if she knew how to examine her breasts. The woman stated yes she did now. While waiting to be given a physical, she had seen the video tape on breast self-exam.



The women exclaimed in all her 41 years she had never been told about examining her breasts and the importance of why it is done." The women then proceeded to show Diane accurately what she had learned from the tape!

Information like this tended to make our days. Sometimes it was a real wonder how much the people were retaining and were actually interested. Stephanie Peters, third year nursing student and second year worker with the Coalition wrote, "Believe me, compared to last year, the patients were utilizing health education materials much more. People were reading them while they were waiting and I always saw people browsing and thumbing through the pamphlets. I really like the idea of registration in the gym. It is a central place where people tend to gather and can utilize the free literature we have to offer them."

As usual there is always room for improvement. From the final evaluations came several ideas that I feel are valid and could be useful:

1. Make the tables more flashy and attractive with more posters to catch the person's eye.
2. Make sure there are pamphlets covering all areas, without being redundant. Wisely choose one or two pamphlets that easily illustrate the problem and discuss the topic.
3. Hold a health education fair in the spring at a nursing home or shopping center to stimulate student interest and motivate the student to learn about health education topics.
4. Some students stated they felt there should be more individual booths on other areas, that are manned at all times with a Coalition student like the dental, pulmonary, nutrition, and rights and benefits booths. Students stated they wanted female education, hypertension, and diabetes booths. This is a good idea, but several problems were brought out by other students, such as:
  - a. Female education and birth control is better handled in the private, but still have the information publicly available. Often in small towns, if an adult saw a teenager talking about birth control, the gossip would be unbearable.
  - b. More booths would mean more time that a patient spends at the health fair. This tends to slow things down. Older folks and young children tire, making it hard to examine them. By the time the medical examiner needs to talk to them about something specifically pertaining to their body, they are too overwhelmed to listen or comprehend, as the total visits usually takes 3-5 hours.
  - c. Nutrition is fundamental to all health problems. Other areas like diabetes, heart disease, hypertension, etc., are more specific and could be handled better on a one-to-one basis, due to their importance.

## DENTAL HYGIENISTS

When quilting every piece is considered significant and of importance. Each piece has its own colorful, interesting variations. For the past two years, our dental hygienists have given a fresh infusion of creativity to the Coalition work. Health and preventive education is one of their greatest contributions. Every child happily leaves the health fair clutching a toothbrush. Medical examiners have claimed on home visits the parent has asked for another brush, because the child has used it so much it is worn out.

Luckily, the Coalition has a very good contact with the community dentistry instructor at East Tennessee State University, who has for the past two years referred her graduate students to us who have shown an interest in community health. Suzanne Hale writes about her experience with the Coalition.

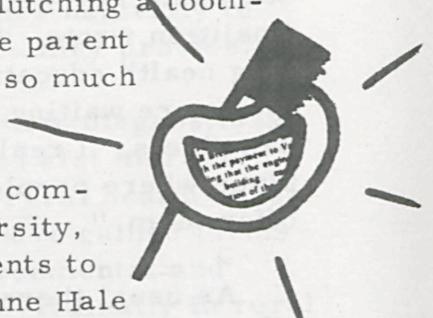
I heard about the Coalition through my Community Dentistry instructor, Mrs. Susan Colangelo. She highly recommended this program as worthwhile and felt that this would be a good first job experience as a dental hygienist graduate.

To prepare for the summer, we wrote different companies to get contributions of toothbrushes, fluoride, gauze, etc. Everyone was very cooperative and supportive of our program. We obtained enough toothbrushes from Anchor Brush Company, Oral B, Stanley, and Healthco Dental Supply in Johnson City, Tennessee. We used these contributions to educate people about their oral health and oral conditions that exist in their mouths. We gave everyone a toothbrush, even those with dentures. Giving away toothbrushes to smaller children was important because a lot of them had been sharing a toothbrush with brothers and sisters. Showing them how to brush their teeth with their new toothbrushes made most of them feel excited and proud of their new found "item". We also saw a great need for fluoride programs in the schools or even cleaning programs. This was a worthwhile summer simply because we did something that helped people and benefited their well-being. All in all I think the Coalition was a tremendous asset to the communities and I am proud to say I was involved in a small part of the project.

The dental hygienists did a very thorough job of examining. During follow-up week they had scheduled appointments for people to come back and have their

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Out fishing and then cleaning the fish at three a.m. We were making so many comments, that the head of the house became dissatisfied with "the working women."



teeth cleaned for free. In each area a local dentist allows our dental hygienists to use their facilities. Thanks goes to the Frakes and Evarts Clinics. "Mulberry follow-up was very disappointing" Linda Watkins wrote. "I only got to clean one person's teeth. After spending several hours working on her teeth that badly needed it, her only response was - BIG DEAL! I am not going to take care of them anyways. This was very disappointing to me. The other people on my list to clean, when called, did not want to fool with it or it was too far to drive."

The dental hygienist's felt that follow-up seemed to help people that had regular dental care. Sometimes people did not come knowing that the cleaning was free. So many did not feel it was necessary to have clean teeth. Some of these people have grown up with myths about cleaning teeth; ie, if your teeth are cleaned the enamel will fall off. Susan Lay writes about her experience with follow-up in Wallins Creek. "Wallins Creek was surprisingly successful. The majority of our appointments showed and while they were at the Evarts Clinic where we were cleaning, they made appointments for further dental work." Follow-up in Kepler, the dental hygienist stated, involved a lot of paper work. The teeth in this area were either too bad to clean or the people were able to get their teeth fixed if they would only take time. It was suggested we start a fluoride program here. This is a program that would take at least six months to have an effect.

Overall the dental hygienists learned from their summer work that it is difficult for the people to change their life-styles, especially in a part of their body they did not feel was important. They had time to accomplish their goals in people who were interested. Susan Lay stated, "Maybe at least now they know that they should brush every day, whether they do or not."

Susan Lay and Linda Watkins have finished a 50 page manual for the Coalition entitled Coalition Pathology Manual. It is a very concise and detailed manual, discussing all types of possible dental and oral related complications, terminology used, etiology, and how to identify the symptoms.

#### RIGHTS AND BENEFITS

Last summer I, Gus Winter, first year law student, and Mike Murphy, second year law student, worked for the Coalition as rights and benefits counselors. We travelled with the Health Fair; our office was a desk and a few chairs, and a table covered with pamphlets. Our job was to advise the adults visiting the fair

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Gus recalls his work with the Coalition, stating he was glad he worked with the Coalition, feeling fortunate to be able to do legal work in Appalachia. Jokingly he adds, "but I am goddam sick of out-houses, coal trucks, ticks, fleas, and DRY counties!" I can still hear him saying that with his nasal northern accent.

of the available financial and medical assistance programs. Most of our work dealt with Food Stamps, Social Security, Medicare, and Medicaid. If the client had a legal problem which was outside our capabilities, we referred him to the local Legal Services office, or if we had time, one of us would leave the fair and accompany the person to the agency. If one of the medical examiners told us that a client had medical problems which exceeded his resources, and the client was not eligible for public assistance, we tried to find a clinic where the client could get medical care at reduced rates. During follow-ups, we telephoned or visited the clients who had problems to see if their situations had improved, or if additional work was necessary.

On the whole, we found the summer's work with the Coalition to be rewarding and satisfying. Many of the state and federal assistance programs are confusing or obscure. Many people do not wish to deal with government bureaucracies. For the person who visits the Health Fair, there is the chance he will learn of a program which could help him, that his energies will be directed to the appropriate agency, and that he will have an advocate to represent him. The law student also benefits. He gains experience in interviewing clients, learns much about poverty law, and has an opportunity to work together with medical people, understanding more about the financial complications involved with simple medical care if the person has no coverage.

#### NUTRITION COUNSELORS

An essential ingredient in quilting is that the structure of it remains solid, like the structure of the human body. The human body relies on good nutrition to achieve this structure and well being. Much time and recruitment was done by the co-directors starting last fall to hire two nutrition students to work with the Coalition. This stemmed from the medical co-director's experience the summer before when she was a medical examiner. Gwen Hammer, RN, stated, "Every person I saw needed counseling in nutrition, whether it be for an already obvious problem or just well maintenance. I found myself becoming an amateur nutritionist, reading the pamphlets myself on the road and then talking with my patients. It was frustrating because the people were growing all the essential nutrients in their gardens, but they were not utilizing them correctly. I found myself spending time after each physical going over balanced diets." Thus, from this experience we decided to budget two nutritionists into our program. Happiness last fall was finding two dietary intern students who were literally ecstatic about working with us. Due to an unfortunate personal accident, they were not able to work with us. We became aware of this late in the spring,

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*It was a hard decision on what award to give  
Steve S., Chef for the Day or Jewish mother's Pride  
and Joy.*

leaving us with no nutritionists. Thus, we decided to use several medical examiners as nutritionists for the day at the fairs. Three students volunteered for the summer. Bruce Richards, first year medical student, writes about their role as nutrition counselors.

During the summer two medical examiners, Miller Batson, first year medical student, and Merrilee Heplar, third year nursing student, and myself, also served as nutrition counselors on a rotating basis. Although we were medical and nursing students with little formal training in nutrition assessment and counseling, we sought to extend our familiarity with those matters through independent study and consultation with nutritionists at Vanderbilt and the Tennessee department of Public Health. At the Health Fair, the nutrition tables stood before a colorful array of food posters and charts on the gym walls. At one of those tables, visitors could experiment with meal "design" by placing cardboard food models in paper plates; from another they could select informative pamphlets on subjects ranging from anemia to pregnancy. But the heart of the arrangement was the conversation between each visitor to the health fair and, one of us, the nutritionist-of-the-day about diet, and our review of a pamphlet by the Tennessee department of Public Health "Happiness is a Healthy Diet". The primary objective of this exchange was simply to prompt the patient's contemplation of the intimate relationship of diet and health. Secondly, we emphasized the importance of a varied diet including foods from each of the four major food groups and we stressed the role of exercise in health. Finally, this was an opportunity to evaluate the patient's diet in light of their past and present weight and health, and to identify dietary practices that might be modified to their benefit. The objective here was not to revolutionize the patient's eating habits, but to reinforce established habits of recognized benefit and to offer information, explanation, and further discussion of other aspects of diet and health. As examples, a teenage "Junk-Food Junkie" might conduct his own cost-and-nutrient-comparison of his standard "fix" and a healthy snack, or an overweight patient might review her typical daily food intake list item by item in terms of calories and discuss possible substitutions, or a hypertensive patient might explore food choices to reduce sodium intake with the counselor's help.

We addressed a number of problems with dietary implications every day, including constipation, anemia, diabetes, hypertension and ulcers. Obesity was far more prevalent, however; one third of the visitors to the Health Fair during one carefully documented two-day period were clinically obese (more than 25% over ideal weight-for-height). In Wallins Creek, Kentucky, patients who expressed an interest in losing weight formed a community weight control

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Will the real teenage "Junk-Food Junkie" please step forward. (Referring, of course, to the whole Coalition on those days when lunches were not available). Luckily we did not have any drastic withdrawal effects from bologna and peanut butter sandwiches.

group to provide support as well as direction for their endeavor. The UpJohn Company and Penwalt, Inc. donated helpful, comprehensive guides and diet plans. Also we utilized "The Good Food Packet", a book prepared by Ellen Weiss for the Center for Health Services' Agricultural Marketing Project. We, the nutritionist counselors arranged the group's organizational meetings, but played only consulting roles in the formation and shaping of the group, and lent a great deal of encouragement to individual's initial efforts. Though the group is small in number, it remains active (and lighter).

It is impossible to assess the impact the health fair encounter had on problems related to lifestyle in a systematic manner, but anecdotal evidence suggests that the impact can be substantially favorable in some cases. We returned to Mulberry, Kentucky to meet a 44 year old man with peroneal muscular dystrophy - a severely disabling disease order affecting the legs and arms- who had lost 40 pounds since the Coalition Health Fair there the previous summer, simply by substituting Diet-Rite Cola for his RC as his examiner had suggested. That small change has reversed his Maturity Onset Diabetes and has allowed him to walk more comfortably.

The Coalition was also lucky this summer to have a nutritionist help out for two days of our fair in Kepler. Her husband was one of the precepting doctors and she came along to offer her assistance. The letter on the next page recites her experience with the Coalition. Mrs. Tennant's support was greatly appreciated. Hopefully this year we will be able to obtain a student nutritionist. We realize the importance of that role and feel that the nutritionist is a vital element in our fairs.

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639 River Rouge Drive  
Nashville, Tennessee 37209

August 2, 1979

Dearest Gwen,

Although you didn't request an evaluation from me, I thought I would add my two cents! I really enjoyed my service work as the dietitian-nutritionist there in Kepler. It is such a pleasure to see students, especially medical and nursing students interested in nutrition - I think this & further information will become an invaluable part of their professional practice.

I'd also add that perhaps you may want to incorporate a regular dietitian or nutritionist into your full summer schedule. This would not only be great experience for such a person but also provide your students with regular guidance & expertise. You may find this person thru the Vanderbilt Dietetic Internships (director Mrs. Lois Hampton) or contact the State or local Health Dept. in that area - i.e. someone who is familiar with the people & their food habits. A local person may be able to provide services on a complementary basis, as part of her health dept work.

One more comment - would recommend that anyone needing more than normal nutrition info, i.e. therapeutic diets, be referred following their physical exam. It is difficult & potentially dangerous to give such advice prior to the exam.

I hope Stan & I may have the opportunity & time next summer to join you all again for a few days.

Thanks again!

Maggie Tennant.

### RESPIRATORY THERAPIST

Another important Coalition booth at the Health Fair was our respiratory center. We felt a need to have a respiratory therapist working with us because of the large number of coal miners in the areas where we worked. Starting in the fall, we talked with nine intern respiratory students at Vanderbilt. At the time of the presentation no one made a positive commitment, but several were interested. Charlie Brooks, the instructor was very considerate in allowing us time to come and talk with his classes and gave his time to the training of one of our medical examiners to work a spirometer. Towards the middle of the spring we realized we were not able to get a respiratory therapist, so we hired Paul Olson, second year medical student, to work as our respiratory therapist. Paul talks of his experience.

I was the respiratory therapist at the health fairs. I saw patients screened by the medical examiners that possibly had breathing problems. With each patient I took a standardized respiratory history, performed spirometric vital capacity tests, and explained their basic disease process and how best to deal with it. In addition to this, each patient filled out a health locus of control - a psychological tool designed to assess one's perception of control of his health. This, information is being used by others working on health locus of controls as data on Appalachians as well as by myself for a correlation analysis of patients' health locus of control to their perceived etiology of their illness.

I received funding from the National Institute of Mental Health, the American Medical Student Association, as well as the Coalition. We received a bell spirometer as a gift from a local physician and borrowed a computerized spirometer from the Tennessee Valley Authority. I received some training in spirometry from the TVA as well as from Vanderbilt faculty. My project was self-designed with assistance obtained in various fields of the Vanderbilt faculty. Educational materials were obtained from pharmaceutical companies and the American Lung Association.

Sadly enough, as discussed in the Occupational Health Project portion of this report, we were not able to utilize Paul as much as we had desired. We had high hopes of getting him into the mines with several other of our students to do basic screening. The medical co-director met with much resistance in dealing with the mining companies. The excuses for why they did not want us

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Paul recalls his long, time consuming hours he spent with his job as respiratory therapist. It was a hard decision what award to give Paul, the lazy spiro gyro award, or Miss Teenage heart throb in Wallins Creek !

varied, but essentially they all were saying the same thing - NO! A common story told by the miners is how they are examined by the company doctors and told they are in fine condition. When the miner quits his job he is examined by the company doctor and told he has black lung or some other disease process or condition and they do not want to hire him. We understood this problem and did not want to pose a threat to the miner's job, but our main interest was to teach the miner how to take care of his problems. We wanted to push health education on how to help facilitate better breathing and lung expansion for those who have to work in coal dust all day. Some of these were simple procedures such as boiling a pot of water and inhaling the steam, then doing deep coughing exercises to remove the crud from the lungs. Thus, our chance to educate the miners were slim. Very few came to the health fairs.

#### MEDICAL TECHNOLOGIST

The job of the person working with the laboratory aspect of the fair involved several responsibilities. Karen Kendall, MT(ASCP), worked as our laboratory. She writes about her involvement with the fair. "My duties at the health fair were to do all lab work and order lab supplies. The tests I performed were; hemato-crits, routine urinalysis (dipstick and screening microbial work), pregnancy tests, sickle cell tests, RPR (syphilis antigen), pinworm screening, routine blood work (CBC, SMA6, SMAC, glucose and thyroid levels), and specimen collection for further diagnostic tests such as enteric worms.

As medical technologist to the health fair, the aspects of the position included the chance to see people getting a better perspective of health care. At times it was stressful, dealing with children that were fearful of having their fingers pricked. But, it was also rewarding to be able to talk with the community folks about their health problems, whether familial or occupational. Sadly though, I could not always spend enough time with them to find out their concerns for their community."

List of supply contributors for lab equipment:

Ames Company; Elkhart, Indiana

Organon Diagnostics; West Orange, New Jersey

Hynson, Westcott, and Dunning; Baltimore, Maryland

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Watch out where the huskies go, don't you  
eat no yellow snow! Same held true for the  
medical technologist, who was kept tame by feeding  
the hungry bear her cokes. Gruff, gruff!

### RECEPTIONIST

The job of receptionist for a health fair requires patience and an interest and concern for the people. At the health fair, the receptionist is the first person to meet the community folks. Libby Marks, first year nursing student, talks about her role as receptionist.

The actual tasks of the receptionist are rather easy, but at times the coordination of these tasks makes the job one that requires much patience and endurance. When the community folks arrive at the health fair, they sign in with the receptionist and answer a few questions (i. e. birthdate, address, doctor, etc.) The receptionist is more or less in charge of making sure the clients go through the stations and get a medical examiner. The inbetween times (few), the receptionist serves as a babysitter (for community folk's kids), a recreation director, a secretary, and a health educator. It is at times a most confusing role, but always a rewarding one. It is a chance to meet many different people, and learn a lot about rural life as well as health concerns.

### GENERAL SUPPLIES

In order to ensure an adequate amount of supplies for the summer, it is imperative to start early in the school year getting the supplies in order. First we look at what we have inventoried from the previous summer, then an estimate is made of the number of people that will be seen during the summer project. After determining what supplies are needed, we then try to get as many donations as possible. Libby Marks was in charge of obtaining supplies.

In January, Libby sent out a mass mailing of letters to large medical supply companies asking for donations. The names for the companies were obtained in the following ways:

- 1) supply catalogues
- 2) off labels on equipment and supplies
- 3) previous lists of donations to the Coalition
- 4) companies local representatives

The majority of the 60 letters sent out were unanswered. Some companies replied saying they wished to be kept on our list of future donators, but were unable to donate this year.

The majority of our supplies are not obtained by donations, so we chose the least expensive route. This has been through the Vanderbilt Hospital. What we could not obtain from them, we ordered from Nashville Surgical Supply, getting a sizable discount.

List of supply contributors:

Perry  
Upjohn  
Becton Dickinson

## HEALTH FAIR COMMUNITIES

The year of planning is over. Our basic goals and strategy are laid out. Full-time work was begun in each of the three health fair communities, Mulberry and Wallins Creek, Kentucky, and Kepler, Tennessee. The community organizers chose particular aspects of the community, the quilting pattern they were most comfortable with. Certain colors are different age groups, whereas various stitches are community issues. The community organizers, by living in one community all summer, learned the ins-and-outs of their town, and their pattern. They had the best sense of what was happening and what could be developed.

## COMMUNITY ORGANIZING

A community organizer is a listening ear, an agent of change, an educator. S/he must scout out the health concerns and desires of the community by listening to a representative cross-section of the community and help to guide the community to meet those needs in a reasonable way. S/he must get to know the community and allow it to come to know him. We CO's, as newcomers, often offer insight and stimulation that a community person can no longer see or give. We, as outsiders, have the potential to create coalitions between the community's political factions that normally could not occur. And finally, we, as trained CO's, can transmit knowledge, guidance and resources to an action-oriented community.

The first job faced by the CO is to prepare the community for the health fair. This involves publicizing the event in newspapers, on radios, through civic groups, churches, and through informal gossip channels. Housing and meals for the medical team must be arranged. Community volunteers to do eye testing and height/weight must be found. Community groups which wish to set up booths must be notified. The support of local doctors and of public health departments for referral is solicited. Foremost is the encouragement of community excitement about and participation in the health fair.

During the health fair, the CO has a golden opportunity to meet many new community folks and to discuss health issues with them. It is the perfect atmosphere-the health fair offers proof to each person that something productive and concrete can be done to improve his health care. It is hoped that each patient will let the health fair example stimulate him to seek permanent medical care through the help of the CO.

After the health fair, the CO works to establish a strong permanent health council. At this point, the most critical thing for the CO to remember is that s/he will leave after 2 months and that by that time there must be an independent, self-guided health council to continue the summer's foundation. The CO must locate community leaders-strong individuals in the area who have the desire and ability and respect to get others involved. Community meetings must be planned, advertised, and facilitated.

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*Who could forget our own "Betty Boop" community organizer.*

When the health council is firmly established, the CO can begin to impart to it the specific knowledge and resources needed to resolve the community's health dilemma. This may involve information about funding or feasibility or examples of projects undertaken by other communities, etc.. It is through this health council that the Coalition will be able to follow up and continue to aid a particular community after the summer is over, guiding it through the arduous and long period towards the final solution of the health crisis.

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*Happiness is a good turnout for a health council meeting, after spending hours and hours of PR for the meeting.*

### MULBERRY, KENTUCKY

Mulberry is a small unincorporated community in Whitley County, Kentucky. Whitley County is on the Tennessee border in eastern Kentucky. Williamsburg, population 3500, is the county seat and only town of any size in the county. The rest of the approximately 25,000 residents in the county live in the numerous, small, rural communities out in the country. Mulberry is such a community.

Last summer the Coalition sponsored a health fair in Mulberry. Our initial contact with the community was through Sister Noel LeClaire of the Mulberry Friendship Center. The Friendship Center, a community-run, private charitable organization, was initiated by a group of Catholic nuns who moved into the area in the early 1970's. Sister Noel started a discount clothing store in Williamsburg for low-income people. She used the modest profits to help people pay grocery bills, light bills, etc. Eventually several community women became involved in the Williamsburg Center. A few years later, some people out in the country asked the Williamsburg people to help them set up a Friendship Center. A Center was established at Nevisdale. At the same time, the people associated with the Nevisdale Friendship Center began to talk about setting up a community clinic in the area. A board was established and they began to look for money and a clinic site. One women in the community donated land for a clinic and Friendship Center in Mulberry. The Nevisdale Friendship Center moved to Mulberry, and it looked like the clinic effort was progressing well.

The clinic board, the Whitley County Community Clinic Committee, consisted of local citizens and members of the Friendship Center. A few people from the citizen group objected to the involvement of the Roman Catholics from the Friendship Center in the clinic building effort. A split was also apparent between country and city. The city people wanted their own clinic, run by their people. Similiarly, the country people wanted a clinic in the country run by country people. The clinic board disassociated themselves from the Friendship Center in Mulberry, and began to search for a new clinic site. Bad feelings had persisted between the two groups until last year.

Last spring the clinic board invited Sister Noel and the Friendship Center to rejoin their efforts. At approxiamately the same time, Sister Noel got in touch with us about having a Health Fair in Mulberry. The Coalition began to investigate Mulberry's potential in supporting a community-run clinic. We learned that there was an obvious health practitioner shortage in the county. The three area physicians practice in Williamsburg; they are limited by their specialties, but none-the-less have a tremendous patient load. Most of the Whitley County census

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Margaret H. recalls the good time she had living with Cora Smith, learning how to make biscuits, apple cobbler, quilts, crocheting, and Stephanie's diarrhea medicine -- "Tomato Stem Tea".

districts have been designated by HEW as health manpower shortage areas. People were also concerned with the poor ambulance service and sanitary problems caused by roadside dumping. With these apparent problems, the Coalition decided to visit the area with a Health Fair. The Health Fair was very well received, especially since it was our first involvement in Mulberry.

Towards the end of the summer, increasing contact was made with the Clinic Committee. Investigation into government regulations on primary care center, Kentucky law regarding nurse practitioners, and other areas of concern was started. During the course of these investigations, community organizer Bruce Tromberg, learned that a small group of businessmen and political leaders were moving to establish a primary care center in Williamsburg. They were proceeding without informing the general public; practically no one in the country knew about this effort. A meeting with representatives from the regional health planning organization was planned without public notice. When Bruce found out about this meeting, he encouraged the Clinic Committee, Friendship Center, and interested citizens to attend. As a result, over 40 people attended the meeting.

This meeting was crucial to the improvement of health care in Whitley County. The possibility of receiving government funds to build a clinic was discussed. It appeared doubtful that a free-standing rural clinic in the Mulberry area would receive funding, or become financially stable. However, according to the health planning official, a physician-staffed clinic in Williamsburg, with a satellite nurse practitioner clinic in the rural county, would have a greater chance of survival. Therefore, a new clinic committee was formed to work on the health care problems of Williamsburg and rural Whitley County. They called themselves the William Whitley Health Care Center Committee (WWHCCC).

The first step of the WWHCCC was to apply to the Rural Health Initiative (RHI) program in HEW to fund a six-month health planning study to determine the exact health needs of Whitley County. The summer for the Coalition was coming to a close, and it became apparent that some type of technical assistance was vital for the success of the new group. David Morrow, last year's co-director opted to fill this role, after some persuasion from the community. The Health Council incorporated and applied for the RHI planning grant. The grant was approved, but unfortunately no federal funds were available.

The major problem with the Health Council is its lack of a large community base. The Coalition sponsored another fair this summer by the Health Council and the Friendship Center. The purpose of the fair was to revitalize local interest in solving health needs. The fair was held in a new location this summer, the

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Diane remembers going to the Baptist Church with 75 year old Rosa Morgan. There were electric guitars twanging, a piano banging, tambourines clanging. People were dancing in the aisles, clapping their hands and shouting. Rosa said "this church has the spirit that moves me the most." I was speech less for the first hour, then I joined in the singing and enjoying myself the second hour.

Poplar Creek School, which is east of Mulberry. By having it at the school, we hoped to screen and talk with people who live in that area and encourage them to work with the people in Mulberry.

As the community organizers, Jennifer Garshman and I, Margaret Levin, were met with a challenge when we arrived. We had several days to prepare for the arrival of the health fair team. This involved housing, getting tables for examiners, rounding up organizations to set up booths, calling food places to get food donated, hanging up signs about the health fair and getting notices off to the schools to send home to the parents as an added advertisement. Despite all this effort, we found very little community support and thus most of the work for the health fair was done while the health fair was going on. After the people had been examined or had seen the fair, they trusted us and began to donate food and offer us housing.

Our main priority at the health fair as community organizers was to talk to the people who came, searching out those who were interested in getting involved in improving health care in Whitley County. This was crucial to the survival of the Health Council. More community people needed to be involved if the Health Council was to continue. We accomplished this by asking every person who walked into the Health Fair what he or she felt was the worst problem in the county, further explaining the WWHCCC, encouraging people to join. Through this informal investigation we turned up the key areas of concern -- emergency services, garbage disposal, starting a local clinic, determining which people were interested in working on the particular issues. This helped us to determine early what directions we should take during the rest of the summer. It was clear that a clinic was the hottest issue. Absolutely everyone to whom we spoke wanted a clinic, and thought that it was necessary, however later we were to find out that none of these "excited" people were willing to work.



The medical team examined 420 people and everyone of them felt they had received excellent, comprehensive care. (See appendix 15 for the medical data sheet) The students felt that this fair was definitely needed. Most of the people had not been to a doctor in over 3-5 years. Many medical problems were diagnosed in this area. This the students felt was where the greatest majority of referral and follow-up work was done. The people did not need preventive health education, they needed health education immediately for their problems. Needless to say, the students sensed very little feeling of community. Geographically, the people are spaced so far apart there was no sense of community, therefore no central bond.

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Remember the spur of the moment campouts. Wherever we were, threw down a sleeping bag, and camped out. The moonbow observed by only those who were midnight crawlers. Also the wild raft trip. Only the Coalition could manage to break there records of the most wipeouts!

This is the main reason why attempts to organize have been so difficult.

After the Health Fair we spent our time strengthening the Health Council. Our foremost goal for the summer was to develop a strong Health Council with broad community representation which would continue to function after we had left. Since a skeleton committee had been formed before we ever entered the community we had to work with the existing group and within their guidelines. In addition, and perhaps giving the greatest obstacle all summer, we had to work with their reputation in the community which was no good. The council had a reputation for ineffectiveness and for doing nothing (perhaps deservedly) which made it difficult to convince new people to turn out for meetings. The direction we chose to strengthen the council was to identify new leadership and then to visit each potential person frequently in order to encourage and support them to attend meetings. This proved to be an extraordinarily frustrating exercise, since very few of the people who promised to attend meetings actually showed up.

The WWHCCC had three meetings during the summer. The first one was on June 26 at the Public Library in Williamsburg. Twenty-five people showed up. At this meeting the money that Nevisdale committee had all this time was shown to be still around. Dave Morrow talked about the survey on health care in the County that was to be done. A short history of the council's past beginnings and existence up until that meeting was given. At this point, the Committee was heading towards establishing some sort of clinic. Also at this meeting was the election of the new board. A board of 15 people were elected. Committees were also set up, a site selection committee to search out land possibilities for the construction of a clinic. The other committee was the publicity, which was to advertise the upcoming meetings. Another idea was brought up, that perhaps we could attract people to the meetings if we offered them something such as taking blood pressures, teaching CPR, etc.

The next meeting was July 10. It was particularly disappointing meeting. Before this meeting we had visited personally several families and had gotten them to make what seemed to be a definite commitment to come to the meeting, but they did not show up. But of the few people that did show, came surprises. Larry Davis of the Public Health Department and Dr. Bernard Moses. They discussed the possibility for a clinic from each of their personal and professional perspectives. Dr. Moses even made the statement that if we got a clinic built, he would consider moving into it. As a whole they seemed very supportive.

The third meeting was one of great expectations. Robert Mundy of Tennessee Valley Authority (TVA) was going to bring down representatives of different

Need I say more then **MACHO!**  
Remember, which way to the  
beach!  
**TOUGH STUFF!!**

~ HA ~



health related organizations. They were TVA, Project Concern, National Health Service Core, East Kentucky Health Systems Agency, and Kentucky Board of Health. They came and constituted the majority of the meetings. Again, few community people showed up. The meeting was frustrating because the organizations ended up talking more among themselves than to the few community people who had invited them there.

During the last two weeks of the summer, we helped the WWHCCC carry out a health survey of all of the County. The survey had two purposes: to determine the location and type of clinic which <sup>would</sup> be best utilized, and to have concrete proof of need to present to grant institutions.

Perhaps the most important and frustrating lesson we learned this summer was that it is not enough to have medical needs and desire to alleviate the situation. A community must have reached the point where it is willing to work for what it wants. A community must be willing to back its goals with energetic action.

Thus the end of the summer had arrived. It was apparent there was insufficient community interest to put together a concerted effort to build a health clinic. The health survey completed late in August and substantial, front-page coverage in the local newspaper had made the WWHCCC familiar to a good percentage of Whitley County. Yet attendance at meetings and the enthusiasm of committee members remained low.

There were two possible explanations for this lack of community interest. 1) The need for doctors was not critical enough to motivate people to improve local health care. The first community activity to build a clinic began in 1976 when the situation was critical. There were only two doctors in Williamsburg. Now there were four. 2) Any community project usually becomes a political football between the two warring factions of Whitley County politics. Despite their best efforts to remain politically neutral, the Health Committee became identified with one political side in the minds of many of the people. The clinic effort was then incorrectly perceived by many as "just more politics" and there was a reluctance to get involved. Although the Committee did not officially disband, they stopped meeting in October. However, within the last few weeks, a new development has led to a revival of interest. The \$21,000 federal grant, long given up for lost, was suddenly awarded. The Committee is now deciding what to do with the money.



The Friendship Center project is much more encouraging. Sis-

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The fourth of July Celebration that the Coalition helped the Friendship Center with. Without the Coalition, they would not have been able to do it. Good memories of the hoedown, the carnival, and that the Friendship Center made over \$900 that day.

ter Leanne has devised a project that will involve a continuous home visitation program flavored with special programs at the Friendship Center. Current projects underway include:

- 1) Physical therapy for children with cerebral palsy
- 2) A weight-watchers class with a heavy emphasis on nutritional education
- 3) Series of seminars on the handling of stress attended by married couples
- 4) Support group for women who have had a mastectomy
- 5) Training program for neighbors of diabetics, to help with diet and drawing up injections, etc.

In all these programs there is a strong emphasis on self-help and health assistance from neighbors, a tradition of friendship in the mountains.

#### WALLINS CREEK, KENTUCKY

Wallins Creek is a coal mining community in the southwestern part of Harlan County. Up until 1950 Wallins Creek was a booming coal town -- a lively community of theaters, shops and grocery stores. As the demand for coal declined, business moved to Harlan, the county seat. In the past several years there has been a resurgence of activity in Wallins Creek. Unfortunately, some of these efforts have been frustrated as a result of the extensive damage during the April '77 flood. In particular, much of the downtown area of Wallins was flooded, and shopkeepers have been reluctant to open business there.

Though Harlan County is known for its United Mine Workers organizing, the union is not as strong in Wallins Creek. Much of the area has been stripped and there continues to be much stripmining and deep mining going on. Many of the people in Wallins work for the mines or the county. There are many elderly people living on fixed incomes.

Approximately a two block area in the downtown section is incorporated. Most of the people live outside the corporate limits. There is no water system in the area, most people drink from wells. People have to pay the city for garbage pick-up and as a result few people do. There is no public transportation from Wallins to Harlan. It is twelve miles to Harlan. The road to Harlan is an excellent road. However, the roads in downtown Harlan are a complete mess, and it can take a half hour or more to go through Harlan depending on how many coal trucks you are behind.

The people of Wallins Creek have a good sense of community. They would

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*Unwanted house guests !*

like to build their community back up and depend less on Harlan. There used to be a doctor in Wallins Creek, but he died about 15 years ago. There is an Appalachian Regional Hospital in Harlan, employing about 25 physicians, 5 of which are primary care. Many of the doctors are foreign, and there have been complaints that people could not understand what the physician was saying. Other complaints from the hospital are: long waiting lines, poor care, big push on drugs and returning to the doctor for follow-up exams. People complain about the expense and quality of indigent care. There is a primary care clinic in Evarts, about 45 minutes east of Wallins. The next closest medical care is the Pineville Hospital, which is 30 miles.

We were invited into Wallins by the Wallins Creek Fellowship Center. This is a non-profit social development organization run by three sisters. Sister Nancy Casey has been one of our main contacts. The sisters have been in the community for five years. Projects running out of the Center are: girl scouts, quilting for women, arts and crafts. They have recently bought a new Center and are in the process of renovating it.

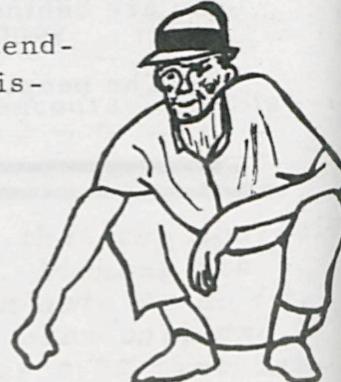
The community organizers, Pat Rueling and myself, Carol Osborn, entered Wallins Creek with several priorities. With only ten days to prepare for the Health Fair we needed to find housing and food for the medical team. The first night we attended a Fellowship board meeting. People offered us names of folks who could potentially house and feed people during the fair. Although the board members were helpful, they were also extremely reserved. Through the support of the sisters, however, we were able to establish contacts and help build trust through our personal interaction, the health fair, and our dedication.

The second priority we initially established was to bring interested community members together to discuss the health fair and area needs. The Coalition, in addition to the sisters, already had strong community support from several individuals. Huey Long, a construction worker, was very excited about the fair. He concluded that the Health Fair was simply a means to develop community awareness of and support for a health clinic. He, therefore, spread the word about the health fair mentioning that if the community supported the fair a community clinic might follow. Huey interested Art Cottrell in the issue. Art remains one of the most dedicated and strongest supporters of the clinic in Wallins. He, Huey and others advertised the fair as a way of taking a needs assessment to see if a clinic could be started in Wallins.

We held our first meeting on June 10, with thirty people attending. Huey Long, along with us, asked questions and led the dis-

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*Good 'ol Art, "Well now, let  
me tell you buddy."*



cussion about the Health Fair and clinic. Also, we asked for food and housing for the Fair, the favorable response from the people to help overwhelmed us.

With one week to go until the Fair, all our energies turned to the Health Fair preparation. The Health Fair was well received by the community. We examined 478 people. (See appendix 15 for the medical data sheet) The medical team felt that people really benefited from the Fair. Many had become apathetic about medical care. We helped rekindle this dying interest. They felt that it was worthwhile for the Coalition to be in Wallins. Many of the folks had not seen a doctor for a complete physical in years, if ever. Many spoke of the difficulty in getting in the Appalachian Regional Hospital and of long waits they had once they got there. The people were not happy with the health care provided at the Daniel Boone Clinic, with some exceptions. There appeared to be a lot of pill pushing doctors around who did not have the time to listen to their patient's complaints. Thus, patient education was one of the Coalition's biggest assets. Along with this, the students felt very direction-oriented when working with the community folks, because the fact had already been established that people were interested in a clinic. Thus, questioning was more specific-oriented towards the support rather than just feelings on the clinic.

Our second community meeting was after the Health Fair was over. The county judge, Tip Baker, and the head of the county CETA program, Bill Abnor, were invited. Tip Baker spoke briefly offering his support to the development of a clinic in the Wallins area. We then summarized the results of the survey we had randomly distributed at the Fair. People basically felt they were receiving inadequate health care and desired a health facility in the area. Our final business of the meeting included setting up two committees: the Providers Committee (to look at different types of Providers) and the Evaluation Committee (to visit and evaluate community clinics in the surrounding area).

The many new faces at the second meeting indicated the Coalition's presence, in the form of the Health Fair, appeared important in stimulating interest in a clinic in Wallins. For instance, two home-health nurses attended the meeting after going through the Fair. Jim Bu khart first attended the second meeting after seeing the Health Fair (he would eventually become the chairperson of the temporary board).

After the Health Fair we had one week to prepare for the third meeting. With only five weeks left in Wallins, Pat and I both felt an urgency to set up a board, or at least a structure to continue the organizing. Before the third meeting we spent much time with Huey discussing the form for a community organization.

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Remember "Shoeshop Bill", sitting on the corner every day rain or shine, watching us go to and from the fair. If I recall correctly, he was the first one to attend the fair.



He suggested a temporary chairperson be elected.

Our third meeting was well attended. Once more, people from a broader geographic area came. The wider segment of the population which was attracted to the meeting can be largely attributed to the awareness brought about by the Health Fair. At the meeting a pre-selected chairperson was elected.

Before the fourth meeting of the summer we spent a significant amount of time researching, visiting Bob Calhoun at the Health Systems Agency, and organizing excursions to area health clinics. Sister Claire, Tursie Green, Claire Hubbard, and myself visited the community clinic in Dungannon, Virginia. We attended a board meeting and toured the clinic. Seeing a clinic started by a group of community people heightened Wallins Creek citizens' sense that such a project could become a reality.

At the fourth meeting Howard Elliot, a board member from the Coalition initiated St. Charles, Virginia clinic, spoke of their trials in establishing a clinic. The oppressive heat of the evening made the school gym somewhat uncomfortable. Most of the fifty people sat patiently through Mr. Elliot's interesting but long narrative. Nancy Helton, from the Health Systems Agency in Winchester, spoke to the group about what HSA does and could do for the Wallins area. Most people felt her talk was vague and basically useless. Finally, under the dictorial powers of chairperson, Jim Burkhart, a board election transpired.

The future of the health board, and the eventual development of a clinic, depends largely on the personalities of these individuals involved. Presently the board is a coalition of political and social forces. Despite their different alliances, they form a very solid group when involved in community projects. The reason for this might lie in the fact that through these projects, each is gaining exposure and credit for civic-minded activities.

In the future, the board will need to expand so more people from the surrounding area and areas outside of Wallins proper (this entire area called District 5), are also on the board. The present board realizes that if the clinic is to serve all of District 5 more input from folks in outlying areas is essential.

If the board members continue to form a coalition of various groups in District 5, they could potentially develop the strength to tackle the many obstacles of developing a clinic. On the one this is a big 'if', on the other hand, the board consists of extremely committed folks.

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You have not been fully initiated into the Coalition, until you change a tire at least three times during the summer, one time being in the middle of the night. Remember to pick a safe area to have a flat, like out in the middle of nowhere, and then realize the tire will not come off!

Follow-up: The Coalition should carry out supportive and complete follow-up in Wallins. As the board gets into the details of developing a clinic they will need expertise. The Coalition cannot provide the technical expertise, but they can be directive as to where good people and resources are available. Wallins faces some difficult decisions in the near future; hopefully the Coalition will be available to provide support and information.

Politically, Harlan County is one of the most corrupted in Kentucky. Whatever Wallins decides to do, it will be fought by county officials and the local medical society. In the county there are many social agencies. The county is one of the richest in Kentucky. Unfortunately the people never receive the money, and the agencies do not provide the services they are supposed to. So it will be a question of demanding that the agencies be responsive to the people or creating alternative structures to meet community needs.

Next spring the community will need to decide if another health fair is desirable. A follow-up in the form of a special project is certainly advisable. For instance, if the board is ready for a complete health survey of the area, several students might be interested in organizing and overseeing such a project. Other possibilities include: an educational health fair or a general community fair. The last two projects could be coordinated with local groups like the Fellowship Center or the Volunteer Fire Department.

Since the summer has ended, Wallins has obtained its certificate of need and is now starting to work on fundraising activities for the clinic.

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*The other Coalition initiation process is seeing how many times you can ditch your car in the summer. The blue cruiser almost averaged a ditch a week. Then the Levine mobile tried to take over, but failed. It lacked style in the approach to ditching a car.*

KEPLER, TENNESSEE

Kepler is a small, scattered, unincorporated community in Hawkins County. Hawkins County is one of the fastest growing counties in Tennessee. Agriculture, industry and nuclear power make it a very desirable area for development. It is also beautiful-green rolling hills with lots of cows. At one time, people made enough money by farming. Today, most people have a job in addition to working the land. Most people work in the factories in Kingsport (45 minute drive) making \$22,000 or so a year. There are company officials who have three car garages. Driving up other hollows, you see shacks, small trailers, and old wooden homes.

Most of the people in Kepler go to the Rogersville hospital and clinic for medical care. The seven doctors working in Rogersville do not take appointments. As a result, people spend all day waiting to be seen. In addition to medical care, there are other health problems in the area. The Holston River, the dumping site for Eastman Kodak's pollutants, runs through Kepler. Though most Kepler folks get their water from wells, people fish and swim in the Holston River -- bad news! Environmental health was a big issue at the fair. Occupational health was also addressed with work histories being taken. People in Kepler work in the Mead Paper Mill, Tennessee Eastman Chemical Plant, and Penn Dixie Factory in Kingsport. Studies have shown that the miscarriage, stillbirth, and liver and kidney disease rate is much higher in the Kingsport area than the U.S. or Tennessee average. Other groups are working on the occupational and environmental health hazards in the area -- our job was to add to their information, educate local citizens, and encourage people to get involved with these groups. In addition to the problems mentioned, there is a nuclear plant being built 20 minutes from Kepler. TVA has postponed its completion for five years. There is mixed feeling in Kepler about nuclear power and TVA.

The Coalition was invited into Kepler by the PTA and the Ruritans, a men's service organization. TVA has given the county some money to "make up for" the nuclear development. The Kepler School got blocks from TVA to build a dugout. The Ruritans donated their time and labor to build it.

Rogersville is the county seat of Hawkins County and the center of activity for Kepler residents. Most of the teachers at the Kepler School live in Rogersville or Church Hill. So there is a lot of control in the community by people who do not live in the area. The Boy Scout leader drives in from Rogersville. The principal lives in Church Hill.

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Jeff Johnson, the primary care coordinator for Hancock and Hawkins County, is working throughout the counties and setting up four primary care clinics. He initially gave the Coalition Kepler's name as a possible site for a health fair and clinic. However Kepler decides to solve its primary health care needs, Jeff will be there providing technical assistance.

As the community organizers, Janet-Lynn McCleary and myself, Mary Frances Haerr, we were met with the general retaliation the Coalition initially receives when entering a new area -- "hippies!" We spent time talking with people and trying to build some trust. After fanatically spending some time with key people, we were ecstatic as they became supportive of the Fair, with a favorable impression about the Coalition. We felt trusted -- and we suddenly, ourselves, had gained confidence in the summer project.

At this point we had several thoughts:

- 1) We have been told the Rogersville doctors and the hospital have a bad reputation within the community. The facilities are great, but the staff is not. Community members say that the doctors are old, their medicine is out-of-date, and they are not responsive to patient's needs. As a result, people are traveling miles for medical care. We asked ourselves, what are the county's responsibilities for providing medical service.
- 2) We also realized that we had a long way to go yet, to get community support for the fair and the Coalition. Thus, much of our time now was spent doing PR work for the fair.

The PR work was time consuming. On June 21, we had our first formal meeting of all people interested in the health fair. At the meeting, we discussed the health fair, the history of the Coalition, why we came to Kepler, what we needed from the community (housing, food), and to give community members an opportunity to discuss the health issues and problems in the Kepler area. The meeting was not very productive, but we did get some support with some housing and food offers. Also, during this time we met a local person, Frank Morrisett, who was very verbal about pollution issues, especially the Holston River and the effects on the fish. Thus, we had some concrete issues to deal with at the fair. We started directing our energies to gathering environmental and nuclear information to present at the fair. During this time we wrote a health survey for the Fair. Community folks had expressed to us their dissatisfaction with health care in Rogersville. Along with the health

### Health Fair Set At Kepler

Are you concerned about your health? A Health Fair is coming to Kepler School in July where everyone can get a FREE physical examination. All ages and all incomes are invited to come. There will be an important meeting this Thursday night, June 21, at 7:30 p.m. in the Kepler School gym. Come and find out the details of the Health Fair -- the date and time the fair will be held, what the Appalachian Student Health Coalition is, and who the doctors are. Please bring your questions and suggestions.

Peter recalls his most memorable experience in Kepler was learning how to milk cows. Also his admiration for his family, especially Mr. Tunnel's patience with his disease (Diabetes for many years), insulin every day, plus 25 pills per day.

issues, the survey dealt with water and air pollution and the issue of nuclear energy, in particular Phipps Bend Nuclear Plant. (See appendix14 for a copy of the survey)

By the middle of the summer, I, Mary Frances, really began to feel part of the community. I had met some great people -- people who I consider good friends, people who I really enjoy spending my time with, people who I have a lot of admiration for. I think that one of my strengths this summer has been my drive to meet and talk with people, especially about themselves. However, my weakness as community organizer was rooted in this kind of relationship with the community. At times I felt very much a part of them, and it was hard for me to stop being Mary Frances, the new Kepler girl, and do my job as Mary Frances, the community organizer. I feel that some of the responsibilities of the community organizer require a certain distance from the people you are dealing with. It was difficult to talk business with our good friends at times.

The Health Fair was a tremendous success in terms of support from the people. In two weeks, 594 people were given physical examinations. (See appendix15 for the medical data sheet) Community people were very impressed with their examinations and with the medical team. Many said that they had never had such a thorough check-up. Many were also ignorant of their rights as patient's -- **their** doctors had never explained their illnesses, their medication, or their treatments with them. The medical examiners, however, tried to do some basic health education, questioned the patients about their current health care, and showed them what kind of care they had a right to expect from their doctors, in addition to giving their patients a quality examination.

The medical examiners felt Kepler was an area that the people did not need to be examined. Many stated people came to the Fair for a second opinion because of dissatisfaction with their own doctors. The medical examiners did feel that they contributed a lot to these people, who mainly needed to understand their basics. Patient education was well received and utilized.

The survey at the Fair brought interesting results. Support for a clinic in the area was strong with only 23% not wanting a clinic due to the distance the Kepler area was from their homes. Interestingly enough, Herman Jenkins, Director of Hawkins County Memorial Hospital, was very interested in seeing a primary care clinic started in Kepler. He told us that if there was a lot of community support, Jeff Johnson, Coordinator of Primary Care for the county, would provide the community group with the technical assistance they would need, and that the hospital would be supportive. About 50% were dissatisfied with the medical care they were presently receiving. Most did not comment on the issues of water, air, sanitation, and Phipps Bend.

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*The community organizers recall the Smoke's. They gave them their first housing. They were a nutty, crazy, great family with 2 horses, geese, pigs, chickens, birds, kittens, 3 dogs, and 1 goat.*

## Health Needs To Be Discussed

A meeting was held after the fair, with the purpose being to discuss the results of the survey, to assess community support for a long-term health project, to find individuals who would commit themselves to a project and to working in a community group, and/or to decide on a project the community would be willing to work on. We, the community organizers, did a lot of preparation for the meeting, gathering all the necessary resources, information and active groups on the issues of water and air quality, nuclear energy, and clinic and doctor coverage information.

Are you interested in learning more about your community's health needs? Those who attended the Health Fair at Kepler School filled out health needs surveys. In this way, they evaluated the medical services, water and air quality, sanitation, and views on nuclear energy in their area. There will be a meeting tonight at 7:30 in the Kepler School gym to discuss the survey. What are the major health concerns of the Kepler Community, and what can be done about these problems? Everyone is asked to come and share ideas.

The turn-out at this meeting was small. The meeting focused entirely on the health care issue. A general discussion about the health care available in Hawkins County and the community's dissatisfaction with this care was the main topic that the people focused on. Donnie Morlock was very interested in getting a clinic in the Kepler area. He said he would commit himself to finding community support. We left him with the names and phone numbers we had found during our research for this meeting.

Follow-up: The most important thing that can be done for Kepler follow-up is to keep in touch with Donnie Morelock. He took a strong and determined interest in improving the availability and quality of health care for the Kepler area. Donnie knows that it is going to be hard to get a community group together. The Coalition should provide him with support, tell him how other communities have gotten their clinics started, and try to provide him with the information he wants and needs. At our last meeting, Donnie also asked if the Coalition could come back next summer (summer 1980) and do another Health Fair to help the community along towards a clinic. We would recommend that the Coalition go back to Kepler only if a strong community group exists by next summer and the Coalition is asked back by the group, not just by individuals. If a strong group does exist, it may not be necessary to do another Health Fair in Kepler. The Coalition, instead, may just want to place a community organizer in Kepler for a few weeks-- to provide support, to pass on skills such as how to write a press release, how to hold a meeting and plan an agenda, and to help the group with publicity and communications.

A group of citizens concerned about nuclear energy and Phipps Bend Nuclear Plant has formed. The Coalition should keep in touch with them -- to keep up-to-date on the developments at Phipps Bend, to provide support to the group and provide them with information and contacts, and to strengthen their group by plugging other interested citizens into them.



The meeting the Coalition sponsored for people interested in nuclear energy. It was supposed to be a low key, informative talk meeting. Instead the anti-nukes came in full force, trying to cut to shreds everything TVA said. The meeting was really at times a "hot potatoe".

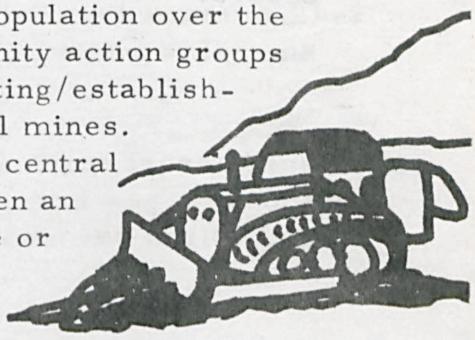
## SPECIAL PROJECTS

The Coalition is composed of many students with a variety of interests and skills. Thus, special projects were developed, so that a student could offer what he/she would like to. This also made the Coalition more versatile in what they could offer the community. The next section of this report deals with the several areas that the students worked and helped out with. This section is mainly the voices of the engineering, law, and video students.

EVARTS

Last winter during one of the site visits, we met Janie Douglas, chairperson of the Volunteers for Flood Control. Janie was very excited to learn about the Coalition. Her group has been trying to mobilize people throughout Harlan County to prevent future flooding. However, most of the support from the group comes right after a flood when people need emergency aid. Few people maintain interest to work on preventative measures after the flood is over. She was excited about the varied expertise we had to offer. We talked of videotape, engineering, and legal assistance. She rattled off a variety of possible projects. Bill Barron, recent engineering graduate we hired, began working with Janie in late April. He drove up to Harlan County and gathered information in Nashville, Frankfurt, and Washington, D.C. Dan Hindert, a law student also interested in environmental and land issues, and Bill worked with the VFC doing educational outreach and providing legal and engineering assistance. Throughout the summer, Dan and Bill talked with the Office of Surface and Mining representatives. Steve Downey, the Coalition Video person, was interested in flooding and educating with video. Dan and Bill met with Don Askins of Appalachia Alliance, a local organization involved in issues throughout the region, spoke with the Virginian Citizens for Better Reclamation. VCBR wanted to do a video on new strip mine regulations and what citizens could do if they knew of a violation. With the help of Don and Hazel King, a Harlan County resident, Dan, Bill and Steve produced a video tape. The strip mine tape showed examples of reclamation violations, and then how a public complaint could be made. The tape is oriented for local people to become familiar with the law, and using their rights as citizens, to enforce the law. This tape is on permanent file in the Coalition library. Duplicate tapes will be made and sent to the VFC in Harlan for them to make available to the citizens to see. This tape is also available to anyone where stripping occurs.

Dan Hindert and Bill Barron wrote of their impressions of the area and the outcome of their works. Evarts, KY has decreased in population over the past 50 years, as has Harlan County generally. Community action groups are typically organized around labor issues, i.e. protecting/establishing United Mine Workers of America involvement in local mines. Labor related issues such as Black Lung has also been a central focus of community awareness. Since 1970, there has been an excellent Health Clinic, and, constructed around that time or later, an excellent Multi-Purpose Community Center.



Bill B. recalls that it is important that you set your contacts up, and keep in touch with them. Bill ran his car on the bootleg alcohol, one of his main contacts during the summer.

The area is extensively strip-mined, and there is near-unanimity in perceiving that harmful consequences of stripping outweigh the benefits. The area is extremely slow to organize around this issue, however, except as it relates to band-aid relief activity such as inviting local operators for a Sunday afternoon dredging of the Cumberland.

Harm from stripping is now so extensive, and individual perceptions/opinions so strongly developed, that it is indeed possible that this could become a basis for community action. There is inevitably a diversity which would result from this kind of community action because a percentage of local people would inevitably be hurt economically by leaning on strippers. However, few operators (hardly any) are actually local, and the market for (deep) miners appears strong.

There were essentially two branches to our community involvement. First, establishing ties with Harlan's Volunteers for Flood Control, and second, identifying those people along the upper Cloverfork who have been sufficiently influenced by Hazel King so as to contemplate a more activist, prevention approach to the issue. Both of these groups are weak. While VFC has the benefit of some structure, and of an acknowledged helpful role in the community, and of broad participation (after flooding episodes occur), overall it seems to react to strip-mine-caused harm rather than to prevent that harm. This posture probably won't be altered because of the tremendous influence of the mining community over these people.

For these reasons, our activity shifted toward developing awareness of citizen rights under the new law in those areas where the stripping occurs. Hazel King is really the spirit and drive behind this group. Our efforts were really directed toward extending and strengthening her influence along the watershed where she now lives. By video-taping, we feel we've developed a statement useful not only to the Cloverfork community, but also to other areas where stripping occurs.

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## VIDEO

The video project was able to grow significantly this year, due to the continuing commitment of the Coalition and the Center. Last year's work showed that mass media can be effective as a community organizing tool, and this summer, we were able to expand upon and provide continuity to that work.

We concentrated our efforts on producing many different types of programs expanding the distribution of our materials, and allowing more community input and control over the programs we produced.

One of the greatest satisfactions of the summer was to provide access to the health education tapes which were produced last summer. Equipped with an extra VTR and a small monitor, we presented these tapes at each of the health fairs. As the summer progressed, we added new material to the presentation.

The tapes were instructional, but the material was presented in a style unlike most instructional videotapes. They were low-key and geared for the rural population. The tapes were not necessarily meant to be watched all the way through in one sitting. They were not highly content-oriented. Rather, they emphasized the importance of people's feelings towards health issues, as well as supplying basic health information.

The tapes were played in the waiting area of each health fair and placed in a loop so that they would repeat throughout the day. In this way, the material had high visibility, yet we placed the equipment in such a way that those in the waiting area could "tune in" on their own accord and ignore the material when they choose to.

The most concrete evidence of the success of the health education tapes came from the comments of one community woman. Asked by one of the examiners during the course of the physical exam if she had ever examined her breasts for cancer she said, "No, but while I was waiting, I saw a videotape about it, and now I know how to do it."

We also videotaped at each fair and then played back these tapes immediately. This drew everyone's attention, got more people involved, and was a lot of fun. Much of the material we shot this way we used in a tape about the health fairs.

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To Steve Downy, our video student, hired from New York City, we dedicate the TOCA PARTY, and the many Jellico runs. We felt that these episodes excellent health prevention education were what you needed. P.S. Steve we not only forgot your award on the banquet night, but I realized after typing your section on video, I left your name off. Face it Steve, take a hint.....

In this health fair tape, we wanted to address the concerns and fears many community people had towards the Coalition. Although we have a slide presentation about the Coalition, it addresses itself more to students than community people.

A nine and one-half minute tape was produced which was a montage of interviews and general goings-on at the fair. Its central theme was "Why are you here?" and was asked of community members, Coalition participants, and health providers.

The tape not only showed what actually goes on at a health fair, it also gave a balanced view of the feelings people had. Although we haven't received too much reaction from people in the communities about this tape as of yet, I feel that it will serve as a good tool for our entree into communities.

In Wallins Creek, KY, we got some young people interested in making video tapes. They shot a great deal of material at the health fairs: interviews, entertainment, and general happenings. It seemed as if they had found something they could use to express themselves with. We played back every thing they shot at the fair, and it served to bring people together.

This community is probably the best candidate for some follow-up work. I am hoping that it would be possible to get some people from the local community college to work with these young people, to teach them the skills and give them the technical support they need to continue creating. They certainly have the interest and willingness to learn more.

The major project of the summer was one that involved the new Surface Mining Reclamation Act, a federal law which allows individuals to have input in the licensing and the operating of surface mines. We were fortunate to have two Coalition people in Harlan County, KY, a heavily stripped area. Doing research on the strip mine issues, they saw that although the law could be very effective, it was used very little. Few people knew about it, the effort to spread information about it was minimal, and in general, people were afraid to get involved, or were suspicious of any procedure which would involve them with the Federal government.

We felt that a videotape could help deal with many questions. It could provide the factual information people needed to use the law effectively, and it could also serve to help people get over their fears. Much of the law involves

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*What more needs to be said then--*

*!!! WISE COUNTY VIRGINIA !!!*

*Definately a memorable blue grass festival !!*

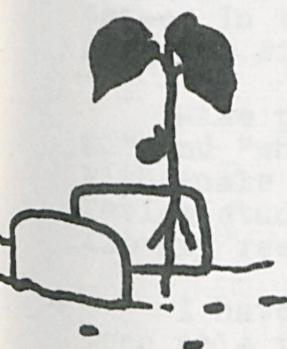
proper stripping and reclamation procedures, so much of what one must understand is visual in nature.

To deal with the fears, we showed people who had similar problems and others who had effectively used the law in the past. We found a woman who was active in the county in the anti-stripping movement, who was willing to lend us her support, knowledge, and feelings towards the issue. The tape turned out to be an interesting combination of documentary and instruction. Although we were caught in a tangle of governmental regulation and bureaucracy, and the even more complex tangle of human emotion, I think we were able to present a program that simplified and clarified the issue in the legal, technical, and human aspects. The tape works because it allows people to identify easily with the people they see on the screen--to understand their problems, and what they've had to do about them, before introducing the complexities of the law.

In the "Strip Mine" tape, we worked with people who are not normally heard and gave their side of the story. We put the story in order, but it is always the people in front of the camera who give it life--it is always their story, and in the end, their tape.

### MANNA

Sometimes during the summer, special projects are created. Karen Braswell of MANNA, an anti-hunger coalition, contacted one of our law students and asked for his assistance. She needed basic legal training in order to do effective lobbying and research for her organization. Our law student spent a week teaching her how to use law libraries, legal documents, and read legal texts. The focus of this project was educational and self-help. With her new skills she can better help her community. Mike Murphy, second year law student, writes about the work he did with Karen Braswell.



Basic legal research skills were taught to her, including "how to" use various legal materials such as the general indexing systems (West's General Digest, Legal Periodical Digest, etc.) that show what cases and articles are available that pertain to the particular research topic; which in this case was "Workfare". (See Appendix 16 for description of workfare).

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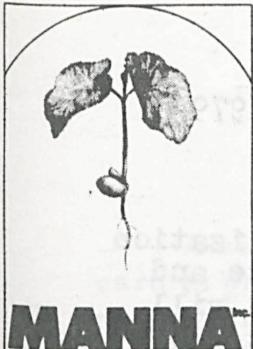
To Mike we dedicated the award, the Handyman. He deserved this for his work with Manna, but more so for his excellence for fixing flat tires.

Locating the various cases and law review articles was undertaken, and other miscellaneous research materials were explained and located. (Tennessee Code Annotated, Tennessee Digest, Sheppards, Words and Phrases Digest, Black's Law Dictionary, Federal Digest, Etc.). so that Ms. Braswell will be familiar with the facilities of the UT Law Library at Knoxville and what legal research materials are available for future legal problems.

Although the greatest percentage of time was spent going through the various digests to locate material relating to the "Workfare" concept, an effort was made to "line-up" legal resources such as the UT Legal Services Clinic, ACLU, NAACP, FRAC, and Southern Christian Leadership Council in an effort to enlist outside support for MANNA's fight against "Workfare" in Morristown. The UT Legal Services Clinic was visited by us, and Ms. Braswell contacted a UT Constitutional Law Professor and Law Review students, at my suggestion to enlist their academic research throughout the upcoming year. Ms. Braswell also went to the Legal Services Office in Johnson City as another effort to line up legal resources for her upcoming struggle to defeat the Morristown "Workfare" pilot project and prevent it from becoming a nation-wide requirement.

Enclosed on the next page is a letter of thanks, indicating the importance of Mike's time and energy.

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Nashville, Tn. 37232

115 North Highland Dr.  
Morristown, Tn. 37814  
August 8, 1979

Dear Karen:

The services provided to me by Mr. Mike Murphy have already proven to be of great benefit. The objective of a true advocate is not to continually provide for the needs of the individual being helped, but to empower that person with the knowledge to help himself. Mike has instructed me in a skill that is lasting. Mike did not do a significant amount of legal research for me, but rather involved me in research the very first day, (July 23, 1979), so that by July 27, 1979 I was actually able to find cases, law review articles, definitions and federal & state regulations myself.

In the future, I shall be able to find changes in state and federal regulations governing food programs as they are made. I can then evaluate their effect on the poor people of the Appalachian area specifically and generally the poor and hungry all across Tennessee. In this manner, the participants in all the federal food programs will have a better advocate.

Mike provided not only research instruction, but also "where to go" and "who to see" directions. This applies to other organizations with goals similar to MANNA'S goals, legal service clinics, law review students, and law school professors, and as well as direct library research.

I have already begun to use the skills taught to me. I have been able to learn more about "due process" as it applies to food stamps clients selected for participation in the workfare test project (where they work for their food stamps) and will therefore be able to recognize violations of "due process".

August 8, 1979

Mike Murphy has played an instrumental part in the realization of a dream; that is that poor and hungry people will organize and take a strong stand to insure their rights under the law and will begin to take action to implement welfare reform from a system of dependence to one of independence.

Thank You !

Your's Sincerely,

Karen Z. Bassett

Karen Y. Braswell  
East Tn. Coordinator  
MANNA, Inc.

OTHER PROJECTS

A rewarding characteristic about quilting is that it is an excellent drawing card to get friends from other areas to work on the quilt together. As a quilt progresses and flourishes with added input and help, so did other projects that the Coalition supported in time of need. These four project areas were the Prison Project--Urban Student Health Coalition (USHC), Copperhill and Kingsport Health Fair--Occupational Health Coalition (OHC), and Ervington Health Fair--Sister Kenny.

Ervington, Va. Health Fair--The purpose of this fair was to improve nutritional and health awareness in the area people so that they could learn to take control of their own lives. It was sponsored by the Nutrition Co-op in Stratton, Va. with Sr. Kenny being asked to organize the physical exam aspect of the Health Fair. Sr. Kenny visited our Wallins Creek Health Fair in June, stating she was in need of help. People and doctors that had committed themselves had changed their minds. Could our Coalition help out? We were willing to help out, but when she needed us was during our own health fair in Keplar. Not wanting to let her down, because we know that feeling of last minute fall-outs, it was decided that Tom Byrd and Valerie Rappaport, second year medical students, would leave the Keplar Health Fair and help the Virginia Health Fair out. She was overjoyed. The following letter explains:

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Standing on the top of Mount Pisgah in North Carolina, an isolated mountain, when a man asks me to take a picture of him. After talking, I find out that he is on the Alabama's Coalition board. Talk about a small world. See you around Dr. "Blackberry".

PO 397

Clinches Va.

Aug 26

August 5, 1979

Dear Gwen

Thank you for your cooperation in making our Health Fair a positive experience for everyone who participated.

From Wednesday evening to Saturday noon 174 people received physical examinations 36 children received immunizations administered by the Health Department staff. Many other people attended our nutritional displays, dental exhibit and educational films.

One local MD, one local nurse practitioner, three MDs and one dentist from Maryville did the examinations. Six local high school girls participated helping with height, weight, vision screening etc. For these young women the health fair was an experience of great impact. The Responsibility involved and the opportunity for adult interaction has contributed much to their self esteem & future lives.

aving Valerie Rappaport. Tom was a great blessing. Their thoroughness and concerned manner are very authentic qualities. Some of the other MDs remarked they liked their "style": the problem oriented method of recording their findings. I hope that they found the experience beneficial.

The local community extended very warm hospitality. Comments such as "They explained to me what was causing my illness" are good indicators of the quality of interaction experienced by clients. Also there were many requests for another Health Fair next year.

The purpose of the Health Fair was to initiate people into Self Care Concepts; that each person would understand better their health history and be prepared to take action to promote their own health. Many families came as a unit which was a splendid opportunity for everyone to reinforce each other in the health teaching that was begun.

The practitioners enjoyed the relaxed atmosphere and the time they were able to give each person. They were surprised so many people were genuinely interested in health. The nutrition display presenting "sugar blues", grains + beans, "salt you can't see"

additives etc was enlightening for them

Areas of weakness were "follow up". The Pap smear that were taken were sent to each individual physician. Many "social" problems were elicited and a great need for support of individuals with psychiatric problems. There is very little treatment available in these areas. The nutrition aspect needs to be followed up in school lunch programs, radio shows etc. Referrals to specialists were made but there are complications for individuals to carry out arrangements.

The Dickenson County Food Cooperative - Church of the people an ecumenical assembly of local folks were the sponsoring agencies. The prime concern is to enable people to take control in their lives and to enjoy better health with the benefit of becoming integrated members of the community.

Again thank you sincerely for your cooperation in helping this health fair to become a reality. It has been a great pleasure knowing you. I offer my congratulations on the great work that the Coalition is doing. If there is any way that I can be of service to you at any time please do not hesitate to call me. Sincerely, Yours

M. F. Ferndette, 1/20/74

Tom and Valerie aslo wrote of their experience with the health fair and how they perceived what was happening. "We went in response to a request to aid a Health Fair organized by local Catholic sisters. There is no hospital in this area and there are few doctors. The region, like many coal mining regions, is economically depressed and people feel they cannot afford the health care that is available.

The people who came to the health fair were uninformed in many areas of health education. There were several exhibits at the fair, including ones dealing with nutrition, preventative medicine, occupational safety and dental hygiene. In addition, a dentist provided a dental check-up and teeth cleaning. Screening lab tests and immunizations were given.

Because of their economic situation, most of the participants had health problems needing medical treatment. These problems ranged from skin infections to heart disease. The people were treated at the health fair by volunteer phsicians or referred to specialists. The Coalition members did physical examinations under the supervisions of volunteer physicians.

Although the workload was heavy, the personal contact with the local people was rewarding. One highlight for us was staying overnight with a local miner and his family. Banjo picking, clogging, good food and friendly folks occupied the after-work hours.

Occupational Health Project--The Occupational Health Project (OHP) is a Center for Health Services program to promote better health in workplaces. This summer, the OHP worked in Copperhill, TN where the Coalition had been in 1976 and 1977. The tentative goals of the project in Copperhill were to improve the health and safety committee, develop a union library, set up a pulmonary clinic and ultimately a Coalition on Occupation Safety and Health group. One of the methods to accomplish these goals was to set up a temporary clinic--health fair situation as an organizing tool to provide a service to the Union and to develop leadership within the Union. Since the OHP did not have the staffing of medical and nursing students to do this, they requested the Coalition's help. We were in the middle of our own health fairs, but decided to spare five of our Coalitioners, Paul Olson, Stephanie Peters, Russell Barr Joe Barnes, and Margaret Drickamer, to help the project out. The co-ordinator of the OHP, Andrea L'Hommedieu stated "I could not have done the clinic without their help. They were energetic, enthusiastic and provided their patients with good work-ups. Paul did an excellent job doing spirometry (lung function testing) and patient education about Pulmonary desease." We provided 42 workers

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Will the real moon please expose his or herself!  
 There seems to be a rash of bare moons, flashing  
 out of windows and doors. The only thing missing  
 was the cigar. Rev. Moon and Macho Moon are  
 still on the loose!

with complete histories and physicals, EKG's, spirometry, urinalysis and TB skin testing screening in two days. Resources were successfully coordinated between the Public Health Department. The contacts made with the Coalition and the Health Department may prove helpful to the Union should they decide to pursue medical screening or other health related programs.

Not only did the OHP benefit from the Coalition and the workers, but exposed our ASHC medical and nursing students to the complexities of occupational diseases. One medical student, Margaret Drickamer, wrote:

Although I only spent a brief time helping out with the Occupational Health Project Clinic in Copperhill, I count it as one of the valuable experiences of my summer work with the Appalachian Student Health Coalition.

An extensive worker history had already been done before the week of the clinics. We were just doing the history and physical examination to accompany this. Our work therefore had a double purpose: the evaluation of each patient's health, identifying illnesses in need of treatment and discussing with the patient the state of his health as we were doing in our regular Coalition work, and to document any health problems attributable to occupational hazards. During one clinic I worked, not only did I identify two major health problems in need of immediate medical attention (acute prostatitis and significant recent myocardial damage), but I was able to identify occupation-related illnesses both having to do with work conditions (stress due to swing-shift life styles) and industrial exposure to chemicals (lung problems).

For myself it was extremely valuable for me to experience this work. It gave me an opportunity to see several middle-aged males and deal with their health problems, a group of people we rarely saw in our regular Coalition work. It also afforded me the opportunity to learn about occupational health through the worker histories, the medical history, and physical. I also greatly valued my discussions with Dr. Falk of Meharry Medical School, a renowned expert in occupational health who was our precepting doctor.

This aroused a hungry interest in OH with several of the Coalition students who worked. From the final evaluations these students stated they would like to do more with OH related disease with the coal miners we work with in our own project. The Coalition had tried to do this goal during the summer, but met much resistance from the coal mining companies. We asked to be allowed to do some primary screening physicals on the men at the mines. The mining companies would not let us in, and even though we had many night health fairs to accommodate the miners after they got off work, very few attended. One of the main reasons being they were tired and had to get up early the next day. Others, we wonder, are pressures on the job. I would say this is an area in which the Coalition needs to expand.

Essentially the Coalition did the same type of health screening for the OHP in Kingsport. The letter on the next page describes the Fair.

# VANDERBILT UNIVERSITY



NASHVILLE, TENNESSEE 37232

TELEPHONE (615) 322-7311

Center for Health Services • Vanderbilt Medical Center • Direct phone 322-4773

Feburary 10, 1979

Gwen Hammer and Kandy Kane  
Student Health Coalition  
Center for Health Services  
Station 17- Vanderbilt Medical School  
Nashville, TN 37232

Dear Gwen and Kandy,

This letter is way overdo in coming to you all to thank you for all the assistance you provided at the Kingsport Health Fair on January 20th. The health fair could not have been the success it was without the help of the twelve students who participated in the planning and actual work that was done the day of the health fair. It was a good feeling to be able to colloborate on a project. The skills which the Student Health Coalition has from years of experience of conducting health fairs coupled with the resources from the Occupational Health Project brought an amazing amount of information and skills to the health fair. Having a health fair which focused on the problems of occupational and environmental health problems was a "first" for all of us. For the people who live and work in and around the Kingsport area; the health fair provided valuable information, resources, and an opportunity to discuss their health problems with people who had the time and concern to listen and be of help. A total of 158 people were screened at the health fair. They were given eye exams, blood pressure exams, height and weight, and an occupational health history was taken. The information collected from the occupational health histories was invaluable to acquiring a better sense of the occupational health problems in the Kingsport area. I have enclosed a summary of the occupational health history questionnaires.

Please extend my thanks to all the members of the Student Health Coalition who participated in the health fair. It requires so much time and energy to pull off a good health fair-especially when the fair is almost 450 miles away from Nashville!

I hope there will be other projects that we can combine our efforts on!

Sincerely,

*Jamie Cohen*

Jamie Cohen  
for the Occupational  
Health Project

ca/JC

Encl/Summary of Worker History Questionaire

Prison Project--The Urban Student Health Coalition (USHC) works for the same goals as the ASHC, only in an urban setting. They held two health fairs this summer. Since the USHC was organized after the summer began, they were working with very few resources and people. Included is a letter from Paul Robinson, director of the USHC. The ASHC sent seven nursing and medical students, Karen Carlson, Margaret Howell, Whitney Jones, Barbara Little, Stephanie Peters, and Linda Shepherd, back to Nashville to help them out with the Women's Prison Health Fair held on Friday, July 27th. Whitney Jones, third year nursing student, talks about her experiences at the fair.

"My biggest impression of the health fair at the Nashville Women's Prison was that one day was so little time to accomplish all that we wanted to. The women were eager to talk, listen and learn about health care and their bodies. There seemed to be no one there to take a long term interest in providing this information. I talked to one woman who was a diabetic. She said that there were no special provisions for her diet and the times insulin were provided for her were very irregular. She also was not being followed consistently by a doctor. This is a ripe field for teaching. The women need someone to take an active interest in them, and they have plenty of time to listen and to learn. If the opportunity were provided, I believe that they would respond to classes, films, or individual instruction about their bodies and preventive health care".

Margaret Murray, second year nursing student, saw her experience at the prison in another light. "Entering a prison and interacting with the prisoners was a unique experience for me. We were able to provide the prisoners with many services and with an abundance of health education while at the same time listening to the women's concerns and problems on a one-to-one basis. It was an educational and worthwhile experience for both the women prisoners and me. I was surprised to realize that they were very receptive to us, not at all like I imagined they would be".

Russel Barr, first year medical student, writes of his experience with the Edgehill health fair. "The Urban Student Health Coalition sponsored a one-day health education fair in the Edgehill section of Nashville. Members of the ASHC were invited to participate. I had never worked in a black urban area before, so I decided to go, both to help the Urban Coalition and to broaden my experience. Although I knew that the main purpose of the fair was education, I was surprised at the amount of work that had been done to prepare attractive displays of health information material. My first job was to man a booth on health problems relating to kidneys. It didn't take me long to realize that most people would rather talk than read pamphlets or posters, so I changed my approach and mainly talked

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Libby plays a rough game of thumper at Kingsport Fair. She tries once again in Jellico, leaving out the thumper, but regaining it long enough to throw the roaches out of the Levin mobile in a hasty panic.

to the visitors. Attendance at the fair was lower than expected. This was probably because the fair was only for one day, and there wasn't time for much "word of mouth" advertising. Many of the people who visited the fair said they had come out of curiosity and had stayed because it was interesting. Overall, I enjoyed myself, and I was reminded how important personal contact is to health education."

# END OF THE SUMMER

## END OF SUMMER

Who can believe it! The end is here. The year is gone over at the mid-summer conference, with the election of the new co-directors. As the outgoing directors, we initiate the new with an orientation. Our final official so long was the Awards Banquet. What a fun time!

### MID-SUMMER CONFERENCE

It is important to stop every so often and evaluate one's work. Questioning how smooth is the needlework, is it turning out the way it is supposed to, how can it be improved, etc.? Many people do this when they stop quilting for the day or when they have seen their last patient at the health fair. In addition to this individual evaluation, there is a time during the summer for everyone to get together and evaluate our work as a group. One final weekend in July, we all met to share what each of us had been doing, what has happened with each community, along with our positive and negative criticism of our work, and suggestions to improve next year's Coalition.

In sharing our ideas, we were amazed to hear how familiar the comments were to last year's conference. It was interesting to hear people express opinions we had said last summer and then to hear us respond, given a year's experience with the Coalition. Basic issues regarding the Coalition's responsibility to communities were continually brought up. In attending the meeting, we realized how great a learning experience the Coalition provided to all the students. The continual turnover of students is important, even though many of the same issues are discussed each year, new directions are pursued given the students' energies and interests.

In addition to evaluating this year's work, much of the conference is oriented to determining next year's leadership. We discussed month by month, the planning involved to organize for the summer. Though various people committed themselves for individual tasks, no one was willing to take on co-director. Everyone was going to be a full-time student and could not give that much time to the Coalition. As a result, a core group of people formed who would be responsible for the major tasks. Libby Marks and Margaret Murraly offered their services to coordinate the core group's efforts.

For the remainder of the weekend there was much talk about whether the Coalition could survive with such loose leadership in many hands. When someone expressed these fears, other Coalition members would speak of their commitment to the organization and their feeling of responsibility not to let it die. Though this sounded great, people were concerned for priorities that would change, once school became a factor.

On the other hand, there are many positive aspects of having a larger amount of people involved in the decision making. The Coalition will become less bureaucratic and hierarchical. It will be more democratic as people become

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*Talk about dedication. The "Asleep at the Wheel", I've been everywhere Honda made it to Alabama and back in 10 hours, just in time for the conference, with several wild pit stops along the way.*

more dependent on each other for information and having to trust each other for carrying out their responsibilities. Last year, the co-directors made most of the decisions and did most of the work. Thus during the year and at the beginning of the summer, Coalition members looked to the co-directors for answers. It was not until late in the summer that other Coalition members felt comfortable enough to take initiative and leadership roles.

Sharing with each other is very important. For ten weeks, we all breathe, eat, and think Coalition. We need to take time to hear another's perspectives and build on each other's ideas. The quilt is a continual process of growth and change.

#### FIRST ANNUAL AWARDS BANQUET

The obviously interesting aspect of the crazy quilt is the unique design that is produced in the end by all the different input of personalities. Uniqueness was what the First Annual Awards Banquet was about!

Have you ever gone to a banquet where, as usual, you sat in the corner while the other person got the awards. Of course, you hum to yourself, if I had a big mouth or was a brown-noser, I too could've received an award. NOT TRUE at the First Annual, held on Saturday, August 5th, at the Blue Hawaiian in Nashville. Quite a change from the rolling hills of Appalachia. We, the co-directors, made 38 plaster paris medallions, decorating each with a characteristic we found most memorable about each member we worked with this summer. The banquet was a fun time for all, especially us, the co-directors. Everyone seemed to be enjoying themselves, and as usual, complaining about the food.

We were surprised by the awards our fellow students gave us. In particular the walking sticks signed by each Coalitioner. Definately a memorable occasion with all the hardships and long working hours of the summer forgotten as we recalled the hilarious, amusing times where we worked, played, and grew together. Gosh, it was a sad time realizing we were through, but at the same time, a relief that we had made it through the summer with 40 students, accomplishing all we did in some rough areas, with all of us safely surviving the summer.

---

Dear Kandy, remember the ride to the banquet and the great day of preparation at Norma's?

### ORIENTATION FOR NEW CO-DIRECTORS

Exchanging skills and information keeps the quilt growing. As it is passed through different hands, various people pick up where others left off.

On August 5th, the Coalition sponsored a "Welcome Wagon" to introduce the 1980 Coalition leadership to Center staff, board members, and friends. It was a nice way to share the summer experiences and meet people. It felt good to tell others of our accomplishments and hear ideas for next year. From August 6-8, Gwen and Kandy met with Libby and Margaret to explain the planning procedures for the summer activities. We discussed grantsmanship, researching foundations, site selection, doctor coverage, meetings, newsletters, and follow-up activities in the communities. We answered their questions, showed them our files, and gave them names of resource people. Later in August we met with Joe Barnes, Russell Barr, and Jennifer Garshman to discuss in-depth specifics of grant writing and site selection. It was exciting to see all the information we had aquired during the year and to be able to share it with others. The year had passed so quickly; it was time for us to move on and let others learn and create from the opportunity.

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*We too, will be here when the morning comes!*

### Final Comments

At this point, we have covered our feelings and philosophy as we presented each section. There are really no conclusive thoughts because the Coalition is continuing onward. Directorship has changed, but essentially, the goals and philosophies remain the same, although the manner in which they are reached may be different.

Goals were obtained this summer. Concretely, the goals varied with everyone, even the co-directors. After arriving in communities, we learned to be extremely flexible. Using our minds logically and always having a listening ear were major contributions we made, both to the community and to the Coalition.

typist, illustrator, design and layout - Gwen Hammer  
photograph - Paul Olson

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The end came, and much thanks goes to our pals at the Center who were always there when we needed a lift! Thanks Jeanne Bennion, Kelen Hicks, and Art Finney!! Also, thanks Dave Morrow, Lori Rioux, and the munchkin, Karen Kendall, for putting up with all our frustrations!

# *Cinch River Health Services, Inc.*

Box 200

Montgomery, Alabama 36104

McGrawen Zone  
Vanderbilt University  
Center for Health  
Research, Inc.

## **APPENDICES**

# *Clinch River Health Services, Inc.*

Box 236

Dungannon, Virginia 24245

February 21, 1979

Ms. Karen Kane  
Vanderbilt University  
Center for Health Services  
Nashville, Tenn. 37232

Dear Karen:

Clinch River Health Services Inc. is presently providing services to our community through two National Health Service Corps physicians, a National Health Service Corps dentist, a health educator provided through the Tennessee Valley Authority, a pharmacist provided through the Appalachian Regional Hospital system.

All of this is possible because Vanderbilt worked with the local community to sponsor a health fair in the summer of 1975.

Over 1000 people attended this health fair and decided that they needed a health care facility.

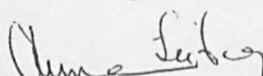
Vanderbilt Health fair personnel continue to work with the community after the event. They assisted in incorporation, worked as planning advisors, and acted as staff to the community group.

Our community is very proud of its present facility and acknowledges the important facilitating role that your organization played.

We would be happy to support any effort you make to try to continue your valuable assistance to rural communities.

Good luck in your work.

Sincerely yours,



Ms. Anne Leibig  
Manager

# PETROS HEALTH COUNCIL

GENERAL DELIVERY  
PETROS, TN 37245

TELEPHONE 324-3422

Feb. 20, 1978

Karen Kane  
Appalachian Student Health Coalition  
Center for Health Services

Dear Karen,

I will try to write a progress report of our clinic and community activities since 1972.

The Student Health Coalition held our first Health Fair in 1972. We organized the Petros Health Council, raised funds, and built our Health Clinic. We had our open house August 1973 with doctor and nurse, receptionist and one aide.

Our community has raised funds to buy land for a community library and we are buying a building for a community center.

We have had legal help from the Coalition, and without the Student Health Coalition we would never have accomplished these goals.

Our community is grateful for the help you have given our community.

Sincerely,

*Kate Bradley*

Kate Bradley  
Petros Health Council

## VANDERBILT UNIVERSITY



NASHVILLE, TENNESSEE 37232

TELEPHONE (615) 322-7311

Center for Health Services • Vanderbilt Medical Center • Direct phone 322-4773

September 1978

ATTENTION!!!

WE HAVE BEEN LOOKING FOR PEOPLE LIKE YOU, WHO ARE INTERESTED  
IN WORKING WITH ACTIVE, PROGRESSIVE HEALTH ORIENTED STUDENTS!!!

Hi,

We are the Appalachian Student Health Coalition. The Coalition is a volunteer, non-profit organization composed of interdisciplinary students who work in under-developed rural Appalachian areas to promote health improvement through community initiative.

The Coalition was started in 1968 by a group of medical students from Vanderbilt Medical University and Meharry Medical College. Over the years, the group ratio has changed, and now consists of several different groups of career oriented people. The Coalition now consists of a group of medical, nursing, law, engineering, and A&S students who provide medical screening (history, physical, basic lab work) rights and benefits counseling, and technical assistance to rural communities who want to improve their health condition.

WOULD YOU LIKE TO SPEND PART OF YOUR SUMMER IN THE MOUNTAINS OF EAST TENNESSEE??? The summer is when we head to rural Appalachia, whereas during the year we work on preparing for the summer projects. This past summer we had some fantastic results from our work. In one area, the possibility of a clinic being begun is a 95% reality due to our efforts this summer. In another area, we got an old health council active again. They have started looking into satellite clinics for the area. Our project this past summer consisted of holding health fairs, health education fairs, working on water quality testing, and special projects. Some of these projects were laying the ground work for the beginning of a volunteer ambulance corps, a rape counseling center, and garbage disposal for certain rural areas.

WE NEED YOUR HELP OR IDEAS TO KEEP THE COALITION A PROGRESSIVE GROUP!!! Professional staff like yourselves can help us during the year and/or the summer. If you would like to work with an active community interested in health; if you enjoy teaching medical and nursing students; or if you just want to see a little bit of the world outside VUH, let us hear from you.

IF YOU ARE INTERESTED OR NOT, PLEASE FILL OUT THE SURVEY INCLUDED! We are the new co-directors, and would like to know what kind of support exists. There are many ways we could utilize you, even if you cannot offer much of your time. In the past residents frequently have been able to arrange time off from their departments for this experience.

Thanks for filling out the survey.

Sincerely,

Gwen Hammer B. S. N., G.N.

Karen Kane

co-directors of Appalachian Student Health Coaliti

# ASHC

4.

Howdy friend,

This is just to let you know what the Appalachian Student Health Coalition has been doing, to invite you to all of our activities, and to ask you to share with us any ideas, suggestions, or comments you have.

This past summer our medical and nursing students examined over 1300 folks in Ashland City and Mulberry, Kentucky. Both communities have formed health councils and are actively working on establishing clinics. In White Oak, Tennessee we participated in a Community Health Fair. Presently, the people in White Oak are working on installing a water system. Also individual special projects this summer included three health education videotapes produced in White Oak, water quality testing performed in Norma, and research on strip mining, land, and taxation in East Tennessee. At the end of the summer, two coalitioners decided to remain in their communities and continue working on health related projects. David Morrow, the ex-codirector of the Coalition, is living in Mulberry, Kentucky and Shirley Harkins is working with SOCM in Jacksboro, Tennessee.

The Coalition is already in full gear thinking about the 1979 summer project. Health education and appropriate technology are two areas we would like to see incorporated more into next summer's program. If you have any information or ideas regarding these topics, please let us know.

So far we have had several meetings, well-attended by medical, nursing, engineering, dietician, and liberal art students. In August a slide show was made depicting the Coalition's history. It has been shown to nutrition, respiratory therapy and medical technology classes. During mid-October it was shown at UT Knoxville to TV production majors.

Several weekends ago seven strong Coalitioners transported three wooden exam tables from the Waverly Belmont Clinic to the Center. These tables were donated to us by the clinic to be given to new clinics needing equipment. So if you know of a clinic looking for beautiful exam tables, let us know. Waverly Belmont Clinic also gave us an autoclave, incubator, centrifuge and hematocrit to be used during the health fairs. We thank the clinic for these gifts.

During September 29-October 1 several Coalitioners drove to East Tennessee and delivered leftover drugs from the summer to Norma, Stoney Fork, Clearfork, Clinch River and St. Charles clinics. We had a great time seeing old friends.

Speaking of old friends, the Coalition is celebrating its tenth year anniversary Saturday, Oct. 21. We are hoping lots of folks will come to share a potluck supper and square dance. Dinner starts at 5:30 at the Center. Hope to see you there.

And keep your dancing shoes on, for the Coalition is having a 12-hour dance marathon on November 3 in Wesley Gym. Local businesses have been extremely supportive in donating prizes and refreshments. The David Olney Band and the White Animals are some of the live music already lined up. Karen May, a third year nursing student, has done a great job of organizing the dance-a-thon. If you would like to dance or sponsor a dancer, contact the Center.

This year's Coalitioners are real eager to start working in communities. We will be co-sponsoring a Health Fair with the Occupational Health Project and Highlander Center January 20 in Kingsport, Tennessee. We will be performing lung function tests and taking work histories of Tennessee Eastman Chemical Company employees and their families. Lung damage, birth defects, and still births are only some of the health problems resulting from the extremely polluted air and water in Kingsport. The occupational and environmental health hazards resulting from the factories in Kingsport are discussed in an article in the 1978 summer issue of "Southern Exposure".

4cont

The Coalition was proud to attend the opening of the Dental Clinic at the Clinch River Health Clinic in Dungannon and Fort Blackmore, Virginia on October 8.

We have talked with several community people and have come up with some possible sites for next summer's project. These include Crab Orchard, Morrisburg, and Thorngrove, Tennessee, Mulberry and Stearns, Kentucky, and Clintwood, St. Paul, and Marion, Virginia. If you know anything about these communities or have suggestions for other areas we might look into, please let us know.

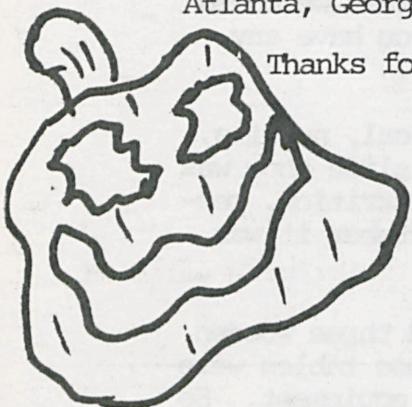
In January we will be starting our physical assessment course for the summer. If you can offer some time or ideas for this course we would appreciate it.

There will be a conference for all the Student Health Coalitions in each state to get together and share information on November 12 and 13 in Atlanta, Georgia. If you would like to go, let us know.

Thanks for taking the time to read this.

Happy Halloween,

All the folks of the Appalachian  
Student Health Coalition



Appalachian Student Health Coalition Participants  
Summer 1979

Co-directors

Gwen Hammer (Canajoharie, New York -- B. S. N. Vanderbilt University, 1978) Gwen is a R. N. at the Vanderbilt Hospital Emergency Room, as well as being co-director of the Coalition. This is Gwen's second summer with the Coalition. Her professional interests are in preventive health care and primary care in the rural areas. Hopefully, she feels she can accomplish these goals as a nurse practitioner.

Karen Kane (San Matao, California -- senior at University of California at Davis, studying community health) Karen was a community organizer last summer with the Coalition in White Oak, Tennessee. From her work last summer, Karen decided to work as the co-director of the Coalition. She plans to return to California next year and work in rural areas on community health improvement.

Community Organizers

Mulberry, Kentucky Community Organizers:

Jennifer Garshman (Worcester, Massachusetts -- junior, Brown University) Jennifer is studying for her B.A. in American Civilization. Part of her work experience includes working as an informal counselor at Sojourner House, a shelter for battered women. Her future plans are to go on to medical school with special interest in rural medicine.

Margaret Levin (Oak Ridge, Tennessee -- sophomore, Vanderbilt University) Margaret presently is working for her degree in Molecular Biology and Psychology. She is very much interested in working as a community organizer this summer, so that she can start to understand the health related problems in rural communities. Her career ambition is to become a doctor.

Wallins Creek, Kentucky Community Organizers:

Carol Osborn (Huron, South Dakota -- B.A. in Human Biology, Brown University 1979) Carol has had many interesting work experiences dealing with the health care system. Some of these include working in the Philippines on a maternal and child health-based family planning project, participating with midwives on project training sessions dealing with nutrition, pre-natal care, and family planning and working with the Rhode Island Women's Health Collective. In the next year she plans to return to Southeast Asia to pursue her interests in MCH, then eventually to medical school.

Pat Reuling (Baltimore, Maryland -- sophomore, University of Maryland at Baltimore) Pat is studying for her nursing degree, but at the same time has become extremely interested in the current issues on health care and other problems in the Appalachian region. Her interest began when she took a course that David Whisnant was teaching at U. M. B. (I hope everyone remembers that David Whisnant came and spoke at our Coalition meeting this past January). At this point, the course has opened her awareness on rural health care and related issues. Along with this her interest has also been in developing her knowledge on midwifery in the region. Pat feels that by working with the Coalition and community folks it will allow her more growth in her interests with the Appalachian health issues.

Kepler, Tennessee Community Organizers

Mary Frances Haerr (San Antonio, Texas -- junior, Brown University)

Mary Frances is studying for her B.A. in Biology, along with taking the pre-med curriculum. She has been part of an internship program which studied the nature of the community health care center and the practitioner. Mary Frances has also worked in Roatan, Honduras providing immunizations to the residents. Plans for the future include medical school.

Janet-Lynn McCleary (Godfrey, Illinois -- sophomore, Vanderbilt University)

Janet-Lynn is studying for her degree in Psychology. Presently she is very indecisive about her future and hopes from this summer's experience that possibly pursuing the area of rural mental health may evolve.

Dental Hygienists

E. Suzanne Hale (Smithville, Tennessee -- B.S. Dental Hygiene and Health Education, East Tennessee State University, 1979) Suzanne has worked in her father's dental office for nine years in a rural setting. She is very aware of rural needs, especially in the area of dentistry.

Susan Lay (Chattanooga, Tennessee -- A.S. in Dental Hygiene, East Tennessee State University, 1979) Susan is planning on obtaining her B.S. in Dental Hygiene in the area of Public Health. She is looking forward to working with the Coalition. Susan feels it will be a benefit to her in achieving her future goals.

Linda Watkins (Johnson City, Tennessee -- A.S. in Dental Hygiene, East Tennessee State University, 1979) Linda's career ambition is to work in the area of public health as a hygienist, working with an underserved population. She is very excited about working with the Coalition. Linda states that since she is going to work with public health in the future, this type of work will give her a "taste" of what she is planning on doing permanently.

Harlan County Special Project Workers

Bill Barron (Morgantown, North Carolina -- B.E. in Civil Engineering, Vanderbilt University, 1978) Bill is interested in future movements toward Alternate Energy sources, possibly his Master in Social Ecology. With his information he has now, Bill is equipped to deal with study pertaining to water resources. Thus, Bill's work this summer on flooding and stripmining issues should add to his experience.

Daniel Hindert (Kalamazoo, Michigan -- B.A. in Environmental Biology, Williams College, 1971) Presently Dan is a freshman law student at Vanderbilt University. Before pursuing his interest in law, Dan taught school for 5 years. During that time he originated/directed Mountain Classroom -- Outdoor Education program featured in National Geographic School Bulletin and Outward Bound News. His career ambition is working on environmental issues, specifically law and land-use. The work he will be doing this summer in Harlan County, Kentucky on land rights and use will certainly enhance his education.

Medical Examiners - Medical Students

5. cont.

Joseph Barnes (Pall Mall, Tennessee -- 1st year medical student, Vanderbilt Medical School) Joe lives in Appalachia and feels he has a reasonable understanding of the people and the land. His grandfather has practiced rural medicine for over 30 years, and Joe hopes to set up a Family Practice Program in a rural area.

Russell Barr (Huntsville, Alabama -- 1st year medical student, Vanderbilt Medical School) Presently Russell has a strong interest in preventive medicine and nutrition. From his work this summer, Russell will become more aware of nutrition and diet being the major health problems in rural areas.

Miller Batson (Nashville, Tennessee -- 1st year medical student, Vanderbilt Medical School) Miller is looking forward, after a very structured first year of medical school, to specializing in primary health care and preventive medicine in Appalachia this summer. He feels that this summer experience will enhance his ambition for Family Practice or Internal Medicine in rural settings.

Thomas Byrd (Westbury, New York -- 2nd year medical student, Vanderbilt Medical School) Tom is interested in medicine along with environmental pollution in the workplace. His future plans are to practice internal medicine somewhere in the southeast.

Karen Carlson (La Habra, California -- 1st year medical student, Vanderbilt Medical School) Karen is especially interested in Gyn/Family planning. She has worked in family planning as a VISTA volunteer and also as an health educator. Karen's experience as a health educator will certainly be an asset for her this summer. She plans to be a primary care physician in a rural area.

Margaret Drickamer (Urbana, Illinois -- 2nd year medical student, McGill Medical School Canada) Margaret is very much interested in rural medicine. She wrote us back in the fall expressing a desire to further her knowledge of rural areas by working with us in Appalachia this summer. She is particularly interested in the area of malnutrition. Her plans for the future include Family Medicine and the development of community clinics.

Diane Goetz (West Allis, Wisconsin -- 1st year medical student, Medical College of Wisconsin) Diane has kept in constant touch with us about the summer. She is very much interested in rural medicine, but is tired of being a "bookworm" and wants to get out and actually experience what rural medicine is about. Her plans include a rural family practice program, and possibly pediatrics.

Peter Jacobson (Nashville, Tennessee -- 2nd year medical student, Vanderbilt Medical School) Peter has found himself in the indecisive stage. He hopes his work for the summer will give him a clearer outlook on his professional medical goals.

Barbara Little (Racine, Wisconsin -- 1st year medical student, Vanderbilt Medical School) Barbara has a strong interest in teaching health education. She realizes that health education is a big part of our summer work and hopes to gain a lot of insight from this area of her interest. She plans to become a doctor, and hopefully in the rural area.

Ray Purdy (Columbia, Missouri -- 2nd year medical student, Vanderbilt Medical School) Ray has a particular interest in Eastern Kentucky and Tennessee. His maternal family is from the area. He has had exposure to this region through visiting relatives, reading, and studying folk songs of the Appalachian Region. Banjo and guitar playing have helped enhance this interest for him. Plans for the future include working for his family practice degree in medicine for the rural area.

Valerie Rappaport (Santa Ana, California -- 2nd year medical student, Vanderbilt Medical School) Valerie is interested in environmental issues. She hopes to pursue this interest along with her future practice in medicine.

Bruce Richards (Florence, Alabama -- 1st year medical student, Vanderbilt Medical School) One of the major considerations Bruce had in choosing to attend Vanderbilt was the opportunity it offered through the Coalition to work in a rural setting with a group that grew from the student activism of the sixties, for which he holds great admiration. Bruce has been very active with the Coalition since he arrived on campus. He has been looking forward to his summer's work experience because his future plans are to set up a rural family practice program.

Steve Sobel (Miami Beach, Florida -- 1st year medical student, Vanderbilt Medical School) Steve's past work experience involves work with emotionally disturbed children in New York. His plans and interest is in rural health care and setting up a practice in the area.

Joey Buchanan (Oak Ridge, Tennessee -- 2nd year medical student, Vanderbilt Medical School) Joe is interested in internal medicine and primary care. His plans for the future are to set up a family practice in the rural setting. Joe worked with the Coalition last summer as a medical examiner and plans to work with us one week this summer. He has spent many aggravating hours working on our doctor coverage for the summer.

#### Medical Examiners - Nursing Students

Laura Grigg (Germantown, Tennessee -- junior, University of Tennessee Center for Health Services Nursing School) Laura would like to finish her B.S.N. and continue on for her Masters. She would like to work in rural areas for awhile and then go overseas for a year or two. Laura hopes her experience with the Coalition will be useful as a stepping stone for these ambitious goals.

Merrilee Hepler (Evanston, Illinois -- junior, Vanderbilt Nursing School) Merrilee's major field of interest is health care in the community-clinic type atmosphere. She is looking forward to this opportunity, as this type of work was one of the reasons she went into nursing. Hopefully her plans include that of becoming a nurse practitioner.

Margaret Howell (Canton, Mississippi -- junior, Vanderbilt Nursing School) Margaret is interested in pursuing public health nursing after graduation, maybe even missionary nursing work in Kenya. She is excited about her summer work, because it really will give her a feel for her future plans.

Whitney Jones (Memphis, Tennessee -- junior, Vanderbilt Nursing School) Whitney spent a summer on a work project in Brazil with Teen Missions. Presently she is in nursing school, but maybe at some point may think about medical school. Hopefully this summer's work experience will help her decide how her future may go.

Margaret Murray (Kissimmee, Florida -- sophomore, Vanderbilt Nursing School) This is Margaret's second summer with the Coalition. Last year she was in charge of supply ordering for the Coalition and was our receptionist at the Health Fairs. This year Margaret is very excited to work as a medical examiner. She is planning on her Masters in the Family Nurse Clinician program.

Stephanie Peters (Jacksonville, Florida -- junior, Vanderbilt Nursing School) Stephanie has done an excellent job this past year working on the physical assessment course that the Coalition offers. Since this is her second year with the Coalition she understood the importance of getting the students adequately prepared for the summer. Stephanie is very interested in health education and hopes to pursue this interest by becoming a Family Nurse Clinician or midwife in rural areas.

Linda Shepherd (Nashville, Tennessee -- junior, Vanderbilt Nursing School) Linda has been helpful in recruiting the Vanderbilt nursing faculty to help train the nursing students during the spring semester and also for our orientation week. Linda is looking forward to this summer's work because she would like to continue on in school for her Masters in public health nursing or nurse practitioner.

Chris Skinner (Rock Hill, South Carolina -- junior, Vanderbilt Nursing School) Chris heard about the Coalition and would like the experience. She has grown up in a rural area and wants to go back to work in a rural clinic as a Family Nurse Clinician.

#### Receptionist and Supplies Coordinator

Libby Marks (Ocala, Florida -- freshman, Vanderbilt Nursing School) Libby has been around the medical field a lot by working as a receptionist in her father's doctor's office. Libby has changed her major to nursing after being at Vanderbilt for 2 years. She is very much interested in learning about Appalachia and the people from the area, also learning more about serving people in a medical capacity. Since Libby started at Vandy she has heard about the Coalition, and has really shown an interest in helping out whenever she could, especially with ordering all our supplies. Future plans are to go into Public Health Nursing in a bilingual community.

#### Respiratory Therapist

Paul Olson (Joliet, Illinois -- 2nd year medical student, Vanderbilt Medical School) Paul is returning for his second year of work with the Coalition this summer, specializing in working the spirometer for lung function tests. Paul has been a great joy to the co-directors this past year. He not only helped get the physical assessment course together, but also always made a point of sticking his head in the office to see if he could help with anything. Paul's interest is medicine, but not school. He is itching to get out of the stereotype setting and into his own practice in rural areas.

Rights and Benefits Counselors

Michael Murphy (Morristown, Tennessee -- 1st year law student, Memphis State Law School) Michael has worked with TVA, visiting in homes of low and high income families in Hawkins Co., advising them how to save money on utility bills and also worked in another Tennessee County as an energy and housing coordinator. Mike is very interested with the Appalachian region, because he grew up in it and plans to return to the area with his law degree to work.

Gus Winter (Fairview Park, Ohio -- 1st year law student, Vanderbilt Law School) Gus is indecisive about his future plans with his law degree, but is excited about this summer because he will be able to work with people on a one to one basis. He is pleased that with 2 law students working this summer, each one can take a couple of days off to escort people who need guidance to court and the appropriate related offices to help them fill out forms and better understand the system.

Medical Technologist

Karen Kendall (Nashville, Tennessee -- B.S. Middle Tennessee State University, 1975, Medical Technology - Vanderbilt, 1978) Karen is an ASCP medical technologist in the blood bank at Vanderbilt Hospital. She worked with us last summer and has been active throughout the year attending meetings and helping with publicity. Karen plans to go back to school and get her Public Health degree or she, from her work last summer is very much interested in working in one of the Appalachian Regional Hospitals.

Videotape Specialist

Steve Downey (New York, New York -- B.A. in Psychology and Sociology, Drew University, 1977 and M.A. Media Studies, New School for Social Research, 1980) Steve has had a lot of experience in working with the videotape media. He is excited about the possibilities that this summer's work will produce. His interest lies in exploring how the communications environment affects our culture, and developing methods to enable individuals to have greater control over the "mediated" environment. He hopes to do a lot of work with the adolescents in each community, teaching them about using video as a means of social and/or personal expression. This he feels will have the most lasting impression on the people he deals with, thus forcing us to leave something behind.

## RESPONSIBILITIES OF PRECEPTING PHYSICIANS

APPALACHIAN STUDENT HEALTH COALITION

SUMMER, 1979

## The Health Fair

The precepting physicians who volunteer to work with the Coalition will work approximately 8 hours per day at the Health Fair. Health Fairs are staged in rural areas by Vanderbilt medical and nursing students. The Health Fairs are advertised as providing free medical screening exams and health education to all comers. Ideally, each day of each Health Fair will be covered by two physicians: a pediatrician and an adult specialist (internist, family practitioner, surgeon, etc.).

## The Exam

Each person who comes to the Health Fair will receive the following screening tests: vision test with Snellen chart, hearing test with audiometer, urinalysis, dental inspection, glaucoma screen with air-puff tonometer, and measurement of height, weight, blood pressure and hematocrit. Necessary immunizations will also be given, along with the PPD skin test.

A lab technologist will be present to perform screening lab work. Dental hygienists will perform the dental inspections. A law student will counsel patients on rights and benefits. A nutritionist and respiratory therapist should also be on hand. A portable ECG machine and a spirometer will be available.

Following the screening tests, a medical examiner will take a complete medical history and perform a screening physical exam. The history will include completion of the Denver Prescreening Developmental Questionnaire for all children under 6 years of age. The physical exams will be comprehensive and will include pelvic examinations with Pap smear and GC culture for all women. Necessary equipment such as gowns, drapes, gloves, tongue blades, flashlights, speculums, lab equipment, etc., will be provided.

Medical examiners will be 1st and 2nd year medical students and junior and senior nursing students from Vanderbilt. A few students from other schools may work with the Coalition. All students will have had a course in physical assessment, and all students will continue to learn throughout the summer from peers and physicians.

Each person who comes to the health fair will be assigned a medical examiner. The medical examiner will be responsible for compiling data from the screening tests, taking the medical history, performing the screening physical exam, and educating the patient on health matters. (Each exam takes one to two hours, and last year between 40 and 60 examinations per day were performed by Coalition members.)

When a patient's exam has been completed, the examiner will list any problems found and present them to the precepting physician. Together they will briefly see the patient again, formulate a plan for the patient, and refer or advise the patient accordingly. (Arrangements for referrals will have been made in each community.) The physician must see each patient before signing the chart. All charts must be signed by the precepting physician and the examiner. Charts will be written using the Weed problem-oriented method (SOAP format).

#### Follow-up

Three to four weeks following the Health Fair, the examiners will return to the community for a week of follow-up. Each examiner will consult with the preceptor at that time to interpret lab data which have to be sent to local labs. (This precepting physician will probably be one other than the original physician who saw the patient.) The medical examiner will write letters to each of his/her patients to report lab results and to emphasize preventive measures and other points discussed at the Health Fair. Phone calls and home visits will be made when deemed appropriate, and an attempt will be made to solve any problems which the patients encounter with referrals.

#### Housing

Housing for precepting physicians will be provided in the homes of community people, although other arrangements might be made if the need arises.

Please fill out this form, detach it, and return it to:

Appalachian Student Health Coalition

Center for Health Services

Station 17

Vanderbilt Medical Center

NASHVILLE, TENN, 37232

Name \_\_\_\_\_

Specialty and Dept. \_\_\_\_\_

I would like to work as a preceptor this summer.

I would not like to work as a preceptor this summer.

I have a Tennessee license.

I have a Kentucky license.

I am available for the following dates \_\_\_\_\_

If your schedule is open and you are available at several times, tell us the dates and how many days you want to work. We will then tell you when you could be most helpful.

### DOCTOR COVERAGE

#### Vanderbilt University:

Dr. John Greene - Professor of Pediatrics - Pediatrician  
 Dr. Andy Edgars - Anesthesiologist  
 Dr. Jim Perrin - Director of Primary Care Center - Pediatrician  
 Dr. Amos Christie - retired Chairman of Pediatrics - Pediatrician  
 Dr. Eric Chazen - Nashville physician - Pediatrician  
 Dr. Ed Shoaf -Resident, Medicine  
 Dr. Andrew Spickard - Professor of Medicine - Internal Medicine  
 Dr. Ken Nix - Resident, Internal Medicine  
 Dr. Mike Wasserman - Resident, Pediatrician  
 Dr. John Chapman - Dean of Medical School  
 Dr. Lewis Lefkowitz - Professor of Preventive Medicine - Internist  
 Dr. Clyde Heflin - Fellow in Pulmonary Medicine  
 Dr. Lori Adelson - Resident, Psychiatry  
 Dr. Stan Tennant - Resident, Internal Medicine  
 Dr. Christine Zunich - Resident, Internal Medicine  
 Dr. Richard Gibson - Assistant Professor of Medicine, Nephrology  
 Dr. Peter Wright - Assistant Professor of Pediatrics - Pediatrician

#### Those that helped during orientation week:

Dr. Mike Bowman - Resident, Pediatrics  
 Dr. Bill Grizzle - Fellow in Pathology

#### Local Doctors:

Dr. Richard Stoltzfus - Daniel Boone Clinic; Harlan, Ky. - Internist  
 Dr. Rachel Eubanks - Evart Clinic, Ky. - Internist  
 Dr. J. D. Miller - Evart Clinic, Ky. - Internist  
 Dr. Jim Sanders - Barbourville, Ky. - Internist  
 Dr. Bernard Moses - Williamsburg, Ky. - Internist  
 Dr. Jessie Walker - Frakes Clinic, Ky. - Internist  
 Dr. Ben Josephson - on vacation from New Jersey - Internist  
 Dr. Emanuel Radar - Pineville, Ky. - Internist  
 Dr. John Jones - Williamsburg, Ky. - Orthopedics  
 Dr. Charles Inman - Johnson City, Tn. - Internist  
 Dr. Timothy Thurston - Morristown, Tn. - Pediatrician  
 Dr. Barbara Snell - Johnson City, Tn. - Internist  
 Dr. Sue Wodika - Johnson City, Tn. - Pediatrician

#### OTHERS:

Rosie Pazulinec - Vanderbilt - Family Nurse Clinician  
 Mrs. Judy Chapman - Assistant Professor of maternal and Child Nursing  
 Mrs. Maggie Tennant - Nutritionist - Nashville  
 Mrs. Charles Inman - Johnson City, Tn. - Nurse  
 Public Health Nurses from Harlan, Ky.

ASHC

8.

	<u>Projected Budget</u> <u>June '79-Sept. '79</u>	<u>Expense</u>	<u>Balance</u>
Stipends	40,000	34,275.20	5,724.80
Transportation (Student & Consult.)	5,500	8,000.00	(2,500.00)
Consultant Stipends	3,000	-0-	3,000.00
Supplies/Duplicating	7,000	6,775.66	224.34
Telephone	3,000	1,539.07	1,460.93
Postage	300	300.58	(.58)

	<u>Projected Budget</u> <u>October '79-May '80</u>	<u>Expense</u>	<u>Balance</u>
Stipends	8,000	626.00	7,374.00
Transportation	1,500	111.18	1,388.82
Consultants	500	-0-	500.00
	68,800	51,627.69	17,172.31

BY FOUNDATION

	<u>Actual Budget</u>	<u>Expense</u>	<u>Balance</u>
<u>Robert Wood Johnson</u>			
Postage	300.00	300.58	(.58)
Supplies/Dupl.	4,700.00	3,708.82	991.18
Telephone	3,000.00	177.01	2,822.99
Transportation	6,000.00	6,727.34	727.34
Stipends	13,000.00	1,097.20	11,902.80
<u>Dewitt Wallace</u>			
Supplies/Misc.	2,500.00	2,500.00	-0-
<u>Jessie Smith Noyes</u>			
Stipends	23,602.20	23,602.20	-0-
*(3,602.20 was brought forward from the previous year)			
<u>Public Welfare Fdtn.</u>			
Stipends	10,000.00	10,000.00	-0-
<u>Student Fundraising</u>			
Stipends	750.00	201.80	548.20
Transportation	570.00	1,383.84	813.84
Supplies	1,637.08	566.84	1,070.24
Telephone	982.43	1,362.06	379.63

APPALACHIAN STUDENT HEALTH COALITION  
PHYSICAL ASSESSMENT COURSE

The Physical Assessment course is offered to prepare all nursing and medical students interested in working as medical examiners for the 1979 summer project. It is open to anyone who wishes to attend. However, it is required for those who plan to work with us this summer. Some of the classes will consist of a one hour lecture followed immediately by one hour of lab where the students practice on each other the techniques outlined in the lecture.

WHEN: every Tuesday night  
TIME: 6p.m.-8p.m.  
WHERE: 102 LIGHT HALL (lectures)  
317 LIGHT HALL (labs)  
QUESTIONS: call Stephanie Peters 322-4578 or  
Paul Olson 242-1010

PEDIATRIC HEAD, EARS, EYES, NOSE, AND THROAT EXAM

23 JANUARY 1979

6:00-6:15 Introduction--Dr. Lewis Lefkowitz, Prof. Preventive Medicine  
6:15-7:15 Lecture--Dr. John Greene, Assoc. Prof. Pediatrics  
7:15-8:15 LAB--Donna Bratton VMS III, Lee Newman VMS III,  
Dr. Mike Wasserman Resident Ped., Jim Young VMS IV

PEDIATRIC ABDOMEN AND GENITALIA EXAM

30 JANUARY 1979

6:00-7:00 Lecture--Dr. Chris Johnson, Resident Pediatrics  
7:00-8:00 LAB--Dr. John Flexner, Assoc. Prof. Med. Hematology  
Dr. Rick Williams, Resident Ped.

The techniques of inspection, percussion, palpation, and auscultation will be taught. Bring stethoscopes.

PEDIATRIC HEART CHEST, LUNG, AND SPINE EXAM

6 FEBRUARY 1979

6:00- 7:00 Lecture--Dr. Jim Perrin, Asst. Prof. Pediatrics  
7:00-8:00 LAB--Dr. Debbie Smith, Resident Ped.,  
Shirley Caldwell, FNC Asst Prof Community Nursing  
Dr. Chris Johnson, Resident Ped.  
Bring stethoscopes.

THE NEUROLOGICAL EXAM AND DEVELOPMENTAL ASSESSMENT

13 FEBRUARY 1979

6:00-7:00--Lecture Dr. Georgia Mountouris, Resident Neurology  
The Neurological Exam  
7:00-8:00--Lecture--Dr. Bev Evans, Resident Neurology  
Developmental Assessment of Children

PUTTING THE PEDIATRIC EXAM TOGETHER

20 FEBRUARY 1979

6:00-7:00--Lecture--Dr. Joe Little, Resident Pediatrics

7:00-8:00 -LAB--Dr. Mike Bowman, Resident Pediatrics

Dr. Rick Williams, Res. Ped., Dr. Linda Mayes, Res. Ped.

We will have children to examine during lab. Bring ear plugs.

COMMON PEDIATRIC DISEASES AND IMMUNIZATION TECHNIQUES

27 FEBRUARY 1979

6:00-7:00--Lecture--Dr. Bill Altemeir, Assoc Prof. Pediatrics &amp; Director of Pediatric Services Nashville Gen. Hosp.

Common Pediatric Diseases--allergies, worms and parasites, anemia, impetigo, diarrhea, urinary tract infections, constipation, asthma, colic,

7:00-8:00-- Lecture--Shirley Caldwell, FNC Asst Prof. Community Nursing Immunization techniques

--Teddy Waxelbaum, RN Hematology/Oncology Clinic Venipuncture

We will have lab after the demonstrations. Helping out during lab will be Jane Hunter, Clinical Specialist Div. of Oncology

COMMON PEDIATRIC PROBLEMS AND GENERAL LAB PROCEDURES

13 MARCH 1979

6:00-7:00--Lecture Dr. David Karzon, Med. Dir. Children's Hosp.

Common Pediatric Problems - Infant care, Feeding, Bedwetting, Pica, Accident Prevention, Hyperactivity and Behavior problems, thumb-sucking, nail biting, temper tantrums, negativism, child abuse.

7:00-8:00--General Lab procedures -- EKG, Hematocrit,

Lecture-7:00- 7:30 Blood pressure and hypertension

Beth Pulliam, RN Hypertension Clinic SCOR

Jane Shelby, RN Instr. Med-Surg. Nursing

DENTAL CARE, NUTRITION, AND OBESITY

20 MARCH 1979

6:00-7:00--Lecture--Dr. Rebecca Schwartz, Instructor Dentistry

7:00-8:00--Lecture--Ms. Jenice Seale, Nutritionist, Tenn. Public Health Dept.

COMMON ADULT PROBLEMS--HEART AND LUNG

27 MARCH 1979

6:00-7:00--Lecture--Dr. Greg Sikes, Fellowship Cardiology

7:00-8:00--Lecture--Dr. Clyde Heflin, Fellowship Pulmonary

Angina, CHF, skipped beats, palpitations,

COPD, TB, Black Lung

COMMON ADULT PROBLEMS--GI SYSTEM AND EXTREMITIES, MUSCLES,  
JOINTS, AND SPINE EXAM

3 APRIL 1979

6:00-7:00--Lecture--Dr. Dewey Dunn, Assoc. Prof. Med.

Constipation, ulcers, gall stones

7:00-8:00--Lecture--Dr. Tom John

Arthritis, scoliosis

COMMON ADULT PROBLEMS--GU SYSTEM AND PUTTING THE ADULT  
EXAM TOGETHER

10 APRIL 1979

6:00-7:00--Lecture--Dr. Paul Rosenblatt, Resident Radiation Therapy

Herpes, VD, birth control, rectal exam, hernias, prostate

7:00-8:00--Lecture and Lab time--Dr. J. Patrick O'Leary, Prof. Surgery

ALCOHOL ABUSE AND ANXIETY MANAGEMENT BREAST EXAM, AND  
EYE SCREENING

17 APRIL 1979

6:00-6:45--Lecture--Dr. Jim Hamilton, Asst. Prof. Psychiatry

6:45-7:15--Lecture and Lab time Breast exam--Lynn Shores, RN Inst. Nursing

7:15- 8:00--Lecture and Lab time Eye Screening--John Andrews, Assoc.

Prof. Ophthalmology and Carla Jansen VMS III

APPROACH TO THE PATIENT AND TAKING A HISTORY

24 APRIL 1979

6:00-8:00-- "Informal discussion" --Dr. Thomas Brittingham, Prof. Medicine

HEALTH EDUCATION TOPICS

## Topics

1. Anemia - iron deficiency
2. Urinary Tract Infections - detection, treatment, and follow-up (male, female, and child)
3. Hypertension - also other common cardiac problems ( chest pain, angina attacks congestive heart failure, and myocardial infarctions) electrocardiograms
4. Diabetes Melitus - detection, treatment, and follow-up
5. Tb and immunizations - who, what kind, when given, where given, and how given
6. Ear infections - hearing loss, impaired hearing (children and adults)
7. Child Care - Development ages 1-5 (normal and abnormal behavior - infant and child problems, such as diarrhea, constipation, colic, tantrums, bedwetting, pica, toilet training)
8. Pulmonary problems - Smoking, bronchitis, asthma, COPD, and other upper respiratory infections and problems
9. Nutrition - Obesity, diet, good eating habits, what is in the persons' garden vs. what can be incorporated into their diet
10. Female education - pre-natal care, pregnancy, breast exam, birth control, venereal disease, breast cancer, menstrual problems
11. Male education - prostate disease, birth control, breast cancer, venereal disease
12. General Hygiene - skin infections, impetigo, allergies, parasites, scabies (daily care of the body, along with cleaning the house to rid it of parasites)
13. Dental Hygiene
14. Mental Disabilities - alcoholism, drugs
15. Trauma - First Aid, CPR training
16. Musculoskeletal problems - arthritis, back pain, exercise to alleviate these problems

Orientation Week  
Appalachian Student Health Coalition  
Summer 1979

Monday, May 28

6:00 - 7:00 p.m. Greetings and howdy-do's. Housing assignments given and week's schedule discussed. (Everyone meet at the Center).

7:00 - 8:00 p.m. "Patients without Doctors". Documentary film on health care in the Appalachian region and the Coalition's role in promoting community health. (Center).

8:00 - 8:30 p.m. "Coal Miner: Frank Jackson" - Jackson is seen in and around the mines as he tells what it's like to have spent a lifetime working underground. Appalshop film. (Center).

8:30 - 9:00 p.m. "The Struggle of Coon Branch Mountain" - In their efforts for better roads and schools, the residents of this small West Virginia community organize, march on the governor's office, win a partial victory and continue their struggle. (Center).

Tuesday, May 29

9:00 - 9:30 a.m. History of the Coalition from one of its first founders - Dr. Amos Christie. (Everyone meet at the Center).

9:30 - 10:00 a.m. We may be a Coalition of students, but how do we work together? Dr. Lewis Lefkowitz - an avid fan and supporter of the Coalition since its early days. (Center).

10:00 - 10:30 a.m. The Politics of Appalachia and the Student Health Coalition. Dr. Richard Couto, director of the Center for Health Services. (Center).

10:30 - 11:30 a.m. Discussion of personal and group goals - why are we here, what do we want to accomplish? Gwen, Kandy, and David Chavis. (Center).

11:30 - 12:30 p.m. Role of community organizer. Sharing of expectations, fears, excitement. Kandy and David Chavis. (205 Sarratt).

12:30 - 1:30 p.m. Let's Eat!

1:30 - 2:00 p.m. Tales of a community organizer, from a first-hand perspective. Maura Doherty. (205 Sarratt).

2:00 - 2:30 p.m. Sizing Up a Community - who's who and where's the power. David Chavis. (205 Sarratt).

2:30 - 3:30 p.m. Entering the Community - developing contacts, listening skills, presenting yourself and the Coalition. Kandy. (205 Sarratt).

3:30 - 5:00 p.m. Developing leadership within the community - identifying leaders, transmitting information, providing support, and turning ideas into action. Kandy. (205 Sarratt).

9:00 p.m. Great Western Swing music at Wind in the Willows with Riders in the Sky. Optional - but a real treat!

Wednesday, May 30

9:00 - 10:30 a.m. Facilitating meetings - encouraging participation, identifying needs, decision making, and working out strategies. Jamie Cohen and Kandy. (205 Sarratt).

10:30 - 12 noon Building an organization - how to keep it going and increase in numbers. Jamie Cohen and Kandy. (205 Sarratt).

12:00 - 1:00 p.m. Lunch.

1:00 - 2:00 p.m. Publicity and press releases. David Chavis. (205 Sarratt).

2:00 - 5:00 p.m. Local fundraising and soliciting outside funding. Proposal writing, finding out who has the money and what are they funding. David Chavis. (205 Sarratt).

Thursday, May 31

9:00 - 10:15 a.m. Preparing for the health fair. Making it a community event. Role of organizer during fair. Gathering information, taking surveys. Kandy, Joey Buchanan, and Gwen. (205 Sarratt).

10:15 - 12 noon Working as a Team. Sharing information, contacts, resources, and skills. You're not out there alone. David Chavis. (205 Sarratt).

12:00 - 1:00 p.m. Time to eat.

1:00 - 4:00 p.m. Government funding for health care. Giving tax money back to the people. Jean Thomas, a success story. (205 Sarratt).

4:00 - 5:00 p.m. How to incorporate, but first why. John Vlcek. (205 Sarratt).

Friday, June 1

9:00 - 11:00 a.m. What you've been waiting for - specifics of your community. Maura Doherty and Kandy. (Center for Health Services).

11:00 - 11:30 a.m. Sharing of communities - history of Coalition involvement. Kandy. (205 Sarratt).

11:30 - 12:30 p.m. Food break.

12:30 - 1:30 p.m. Leaving the community. Evaluating your work. Kandy. (205 Sarratt).

1:30 - 3:30 p.m. Questions? Putting this summer's work in perspective. Dick Couto, Director of Center for Health Services. (205 Sarratt).

3:30 - 5:00 p.m. Positive sharing, giving and receiving support. Kandy. (205 Sarratt).

Celebrate - it's been a long week!

Saturday, June 2

This is your day. There are several possibilities: On Friday we'll discuss if there are any issues you'd like more information on; There is a Health Systems Agency workshop from 9:30 - 3:45 at Scarritt. Community health issues, provider access, and cost of care will be talked about; Play and frolic in Music City.

Sunday, June 3

12:00 noon Everyone meet at the Center. Load supplies in cars and head for mountains.

5:00 p.m. Enjoying Joe Barnes's farm and preparing supper.

8:00 - 9:00 p.m. Discussing the first health fair site - beautiful Mulberry, Kentucky. Margaret Levin and Jennifer Garshman, Mulberry community organizers.

Monday, June 4

10:00 - 10:30 a.m. Breakfast - whenever you're ready. Discussing Wallins Creek, Kentucky - health fair #2. Carol Osborn and Pat Reuling, community organizers. Bill Barron, engineer, and Dan Hindert, law student, working on flood control and stripmining issues in Harlan County.

10:30 - 11:00 a.m. Discussing Kepler, Tennessee - health fair #3. Mary Frances Haerr and Janet Lynn McCleary, community organizers.

11:00 - 11:30 a.m. Videotaping - the Coalition's secret ingredient to organizing. Steve Downey.

11:30 - 11:45 a.m. Rights and Benefits Counselors' role during fair, key to long-term health improvement. Gus Winter and Mike Murphy.

11:45 - 12 noon Meet the dental hygienists and find out how they combat the number one health problem. Linda Watkins, Susan Lay, and Suzanne Hale.

Monday, June 4 (cont.)

12:00 - 6:00 p.m. Lunch and play!  
6:00 p.m. Suppertime.  
8:00 p.m. Mock health fair. We will do our own health fair and answer any questions.

Tuesday, June 5

12 noon Leave for respective communities. Addresses and directions will be given out.  
3:30 p.m. Margaret and Jennifer meet health fair folks at the Poplar Creek School and set up fair. Assign housing for students.  
9:00 p.m. Families will pick up students at Poplar Creek School.

Wednesday, June 6

10:00 - 12 noon Mulberry folks meet at Poplar Creek School for last minute preparations.  
12:00 - 8:00 p.m. HEALTH FAIR BEGINS!

Mary Frances and Janet Lynn have been invited to the Home Demonstrators' Covered Dish Dinner at 11:30 a.m. on June 6. These community women want to find out about the Fair and some may emerge as leaders during the fair. Luncheon is at Mary Skeleton's home, phone 615-272-3992.

GOOD LUCK AND ENJOY THE SUMMER!

Orientation Week  
Appalachian Student Health Coalition  
Summer 1979

12.

Monday, May 28th:

6:00 p.m. - 7:00 Everyone meet at the Center. Housing assignments given and the agenda discussed for the rest of the week.

7:00 - 7:30 Appalshop Film: "The Struggle of Coon Branch Mountain" - In their efforts for better roads and schools, the residents of this small West Virginia community organize, march on the governor's office, win a partial victory and continue their struggle.

7:30 - 8:00 Appalshop Film: "Coal Miner: Frank Jackson" - Jackson is seen in and around the mines as he tells what it's like to have spent a lifetime working underground.

Tuesday, May 29th:

9:00 a.m. - 9:30 "Who, What, When, Where, and Why the Coalition Began" - Dr. Amos Christie, founding supporter of the 1969 Coalition. (rm. CHS)

9:30 - 10:00 "Here we are, medical examiners, organizers, land and environmentalists; BUT why are we really here?" - Dr. Lewis Lefkowitz, Prof. of Preventive Medicine - Vanderbilt. (rm. CHS)

10:00 - 11:30 Discussion of Goals for the summer, where students see themselves and do YOU know why you are here? Aha, good question huh! - Also we will discuss travel expenses and other summer expenses along with pay. Gwen and Kandy, co-directors ASHC. (rm. CHS)

11:30 - 12:30 Workshop: How to work the air-puff tonometer. Karla Jansen, 3rd year medical student - Vanderbilt. (rm. CHS)

12:30 - 1:30 LUNCH

1:30 - 2:30 "Helpful hints on how to approach someone about health education" - Dave Ramsy, Chief of Community Health Development for TVA. (rm CHS)

2:30 - 3:30 Workshop: Shots, dosage calculations for the immunizations, sites for injections and blood drawing, along with PRACTICE!!!! on yourselves. Gwen Hammer, RN. (rm. CHS)

3:30 - 4:00 "Preparation of the GC culture". Fred Davis, Liason - State Lab V. D. Control Program and Microbiologist. (rm. CHS)

4:00 - 4:30 "Doing a pap smear correctly as apposed to incorrectly". Dr. Bill Grizzle, Resident in Pathology - Vanderbilt. (rm. CHS)

4:30 - 5:00 Workshop: Lab work, hematocrits, urinalysis, dextrostix, sickle cell, RPR and common blood work. Karen Kendall. MTASCP medical technologist - Vanderbilt Hospital. (rm. CHS)

Wednesday, May 30th:

9:00 - 10:00 Taking a Pediatric history using the Pediatric Manuel. Gwen Hammer. (rm. CHS)

10:00 - 12:00 Students will practice examining each other and applying their skills - Physical Assessment review. We will be assisted by the Vanderbilt Nursing School FNC's and medical doctors. (rm. TBA)

12:00 - 12:30 LUNCH

12:30 - 2:00 Continuation of Exams.

2:00 - 4:00 Prepare for the day care center, get supplies ready, iron out last minute jitters. Gwen Hammer. (Rm. CHS)

Orientation Week - continued

12. cont.

Wednesday, cont.

4:00 - 8:00

The Coalition will screen 50 children at the United Methodist Neighborhood Center for their summer camp physicals. This will not only give you all practice, but we are also helping out the Center. Location: 1417 Charlotte Ave.

P.S. Do not plan to be done at 8 p.m. It will be a long day. The Center will provide us sandwiches.

Thursday, May 30th:

9:00 - 10:00

Appalshop Film: "The Buffalo Creek Flood: An Act of Man" - In 1972 a giant coal waste dam burst, leaving 124 dead, 4000 homeless and the Pittston Coal Company calling the the disaster "an act of God." The film covers the destruction and aftermath and explains what happened and why. (rm. CHS)

10:00 - 11:00

Workshop: Taking vital signs (blood pressure, pulse, respirations, oral and rectal temperatures), and stressing preventive health care in the accurate use of vital signs. Anne Saletta, Instructor Community Health Nursing - Vanderbilt School Nursing. (rm. CHS)

11:00 - 12:00

Workshop: How to work the EKG machine. Peggy Putnam, Asst. Prof. Med - Surgical Nursing and Clinical Specialist Dept. of Continuing Education. (rm. CHS)

12:00 - 1:00

LUNCH

1:00 - 2:00

Workshop: How to work the Audiometer. Audiologist from the Bill Wilkerson Hearing Center. (rm. CHS)

2:00 - 4:00

Workshop: The Prostrate Exam - More TBA

4:00 - 4:45

Appalshop Film: "Stripmining in Appalachia" - A powerful examination of the continuing desecration of the land by the stripmining industry. (rm. CHS)

Friday, June 1st:

9:00 - 10:30

Pediatric review of SOAPE and history taking. Dept. of Vanderbilt Pediatrics. (rm. CHS)

10:30 - 12:00

Adult review of SOAPE and history taking. Dept. of Medicine, Vanderbilt. (rm. CHS)

12:00 - 1:00

LUNCH

1:00 - 3:00

Students will do SOAPE and history exam taking on each other, and then write it up the way it will be down on ALL FORMS THIS SUMMER, no exceptions. Gwen Hammer (CHS rm)

3:00 - 4:00

Preparation for Day Care Center. Gwen Hammer (rm CHS)

4:00 - 8:00

United Methodist Day Care Center - Camp physicals for 50 children, sandwiches provided. 1417 Charlotte Ave.

Saturday, June 2nd:

The entire day will be spent with each Coalitioner presenting his/her health education topic to the rest of the group. The group will then make constructive criticism, along with learning about the other person's topic.

9:00 - 9:20

Trauma, First Aid - Stephanie Peters

9:20 - 9:40

Male Education - Peter Jacobson

9:40 - 10:00

Child Care and Development Ages 1 - 5 - Margaret Howell / Chris Skinner

Orientation Week - continued

12. cont.

10:00 - 10:20 Tb and immunizations - Margaret Murray  
10:20 - 10:40 Mental Disabilities - Joe Barnes  
10:40 - 11:00 Ear Infections - Whitney Jones  
11:00 - 11:20 General Hygiene - Karen Kendall / Laura Griggs  
11:20 - 11:40 Diabetes Melitus - Ray Purdy / Diane Goetz  
11:40 - 12:00 Female Education - Valarie Rappaport / Linda Shepherd  
12:00 - 1:00 LUNCH  
1:00 - 1:20 Pulmonary Problems - Barbara Little / Paul Olson  
1:20 - 1:40 Anemia - Russel Barr  
1:40 - 2:00 Urinary Tract Infections - Karen Carlson  
2:00 - 2:20 Nutrition - Merrilee Hepler / Miller Batson / Bruce Richards  
2:20 - 2:40 Muscoskeletal Problems - Tom Byrd  
2:40 - 3:00 Hypertension - Steve Sobel / Margaret Drickamer  
3:00 - 5:00 Preparation for the retreat - Buying the food, getting supplies for the retreat organized, and finally directions in going.

Sunday, June 3rd:

12 o'clock HIGH

5:00 p.m.

8:00 - 9:00

Meet at the Center, load supplies for the rest of the summer in everyone's car. SPLIT for the 1979 Summer Project.  
Everyone should be at Joe Barnes Farm and preparing supper!!  
Discuss the first site - Mulberry -- Margaret Levin and Jennifer Garshman - Mulberry community organizers

Monday, June 4th:

? : - 10:00

10:00 - 10:30

10:30 - 11:00

11:00 - 11:30

11:30 - 11:45

11:45 - 12:00

12:00 - 6:00

6:00

8:00

Whenever - Breakfast

Discuss Site two- Harlan County Kentucky, Wallins Creek -- Carol Osborn and Pat Rueling, Community organizers for Wallins Creek. Bill Barron - engineer working on stripmining and flood problems in Harlan and Dan Hindert, law student working on land rights in Harlan.

Discuss Site Three- Kepler, Tn. -- Mary Frances Haerr and Janet Lynn McCleary, Kepler Community Organizers.

Discussion on how the students conceive the use of video taping - Steve Downey, video technician for the 1979 summer project. The role of the law student with the Health Fair - Gus Winter and Mike Murphy, Rights and Benefits Counselors for 1979 Summer. Meet the dental hygienists and their role with the Health Fair - Linda Watkins, Susan Lay, and Suzanne Hale.

LUNCH AND PLAY!!!! Whee!

Supper

Mock Health Fair - We will actually do a health fair and hopefully try to answer all Questions.

Tuesday, June 5th:

12 o'clock HIGH

3:30 p.m.

9:00 p.m.

Leave for Mulberry, Kentucky (We have directions written up)  
Meet at the Popular Creek School and set up the Health Fair.  
Also housing assignments will be given. Sandwiches provided.  
Families will come pick up the students.

Wednesday, June 6th:

10:00 - 12:00 noon

12:00 - 8:00 p.m.

Meet at the Popular Creek School and get ready for the Health Fair.  
THE 1979 APPALACHIAN SUMMER HEALTH FAIRS BEGIN



HOW HEALTHY IS YOUR COMMUNITY ?

This information will be used by the Appalachian Student Health Coalition as part of its 1979 Keplar Health Fair. Thank you for your participation.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

How many people are in your household? \_\_\_\_\_

Where do you go for medical care? \_\_\_\_\_

When was the last time you were there? (month) \_\_\_\_\_

(year) \_\_\_\_\_

How long does it take to get there? (Minutes) \_\_\_\_\_

Do you have a doctor you visit regularly? Yes/No \_\_\_\_\_

ARE YOU GETTING THE MEDICAL CARE YOU WANT?

How do you feel about the medical services you receive at the Rogersville hospital?

Satisfied/Dissatisfied WHY? \_\_\_\_\_

How do you feel about the medical services you receive at the Hawkins County Public Health Department? Satisfied/Dissatisfied Why? \_\_\_\_\_

How do you feel about the medical services you receive from your doctor?

Satisfied/Dissatisfied Why? \_\_\_\_\_

Did you use the mobile van that was in Keplar several years ago? Yes/No \_\_\_\_\_

Did you like the care you received at the van? Satisfied/Dissatisfied \_\_\_\_\_

What are the problems preventing you from receiving the medical care you want? \_\_\_\_\_

How could these problems be solved? \_\_\_\_\_

Would you use a health care clinic if one was located in the Keplar area? Yes/No \_\_\_\_\_

WATER QUALITY

What do you usually drink? a)soda b)coffee c)water d)milk e)other \_\_\_\_\_

Where do you get your drinking water? a)well b)spring c)city d)other \_\_\_\_\_

If from a well, how deep is your well? (feet) \_\_\_\_\_

What color is your water? a)clear b&gt;brown c)yellow d)red e)other \_\_\_\_\_

Does your water smell? Yes/No If yes, what does it smell like? \_\_\_\_\_

Does your water taste good? Yes/No \_\_\_\_\_

Do you fish in the Holston River? Yes/No Do you swim in the Holston River? Yes/No

Do you fish in the Cherokee Lake? Yes/No Do you swim in the Cherokee Lake? Yes/No

Do you eat the fish from the Holston River or Cherokee Lake? Yes/No (place) \_\_\_\_\_

Have you noticed any changes in the water or the fish during the last ten years?

Yes/No If yes, what are they? \_\_\_\_\_

What has caused these changes? \_\_\_\_\_

Do you think the water in your area affects your health? Yes/No

If yes, how? \_\_\_\_\_

Does the air ever smell bad? yes/no  
Where? \_\_\_\_\_ How often? \_\_\_\_\_ What time of day? \_\_\_\_\_  
What makes the air smell bad? \_\_\_\_\_  
Do you think air pollution has any effect on your health? yes/no  
If so, how? \_\_\_\_\_

14 cont.

### NUCLEAR ENERGY

Do you understand how a nuclear reactor works? yes/no  
How does the Phipps Bend plant benefit your community? \_\_\_\_\_

What problems does the Phipps Bend plant bring to your community? \_\_\_\_\_

Do you think nuclear power has any effect on your health? yes/no  
If so, how? \_\_\_\_\_

### OCCUPATIONAL HEALTH

Where do you or did you work? \_\_\_\_\_  
At work are you exposed to: a) heat. b) dust, c) fumes, d) excessive noise  
e) chemicals, f) stress  
Have you felt any of your medical problems to be caused by your work condition  
yes/no if yes, which ones? \_\_\_\_\_

ARE YOU INTERESTED IN FINDING OUT MORE ABOUT YOUR COMMUNITY'S HEALTH? yes/no

Thank you,  
Appalachian Student Health Coalition

WE HOPE YOU ENJOY THE FAIR!!!

## MEDICAL DATA SHEET \*

A. Total People Screened

Mulberry, Ky.	Wallins Creek, Ky.	Kepler, Tn.
420	478	593

B. Counseling In Regard To Existing Problems

1. Obesity
2. Hypertension
3. General Hygiene
4. Dental Hygiene
5. Lung Disease
6. Smoking
7. Heart Problems
8. Headaches
9. Arthritis
10. Skin Problems
11. Breast Self Exam
12. Bedwetting
13. Constipation
14. Birth Control, VD
15. Alcoholism

number	percent	number	percent	number	percent
61	14	100	21	87	15
46	11	40	8	75	113
34	8	21	4	8	1
90	21	110	23	105	18
11	2	21	4	28	5
63	15	47	10	78	13
22	5	27	6	30	5
22	5	22	5	16	3
36	8	15	3	28	5
21	5	28	6	34	6
113	27	136	28	157	26
6	1	4	0.8	9	2
9	2	8	2	30	5
14	3	16	3	21	3
1	0.2	1	0.2	8	1

C. New Problems Found

1. Anemia	14	3	18	4	19	3
2. Hypertension	23	5	10	2	28	5
3. Hearing Loss	19	5	21	4	36	6
4. Urinary Tract Infections	11	2	17	4	11	2
5. Otitis Media	9	2	5	1	11	2
6. Parasites	3	0.7	5	1	2	0.3
7. C.O.P.D.	1	0.2	0	0	10	2
8. Vision Problems	16	4	28	6	28	5
9. Gynecological Problems	19	5	26	6	20	3
10. Heart Problems	6	1	12	3	23	4
11. Scoliosis	1	0.2	1	0.2	4	0.6
12. Hernia	0	0	2	0.4	8	1

\* More extensive medical data is on file in the ASHC. The above information is broken down into eight age groups, with the male - female ratios.

MEDICAL DATA - cont.

15. cont.

Prepared for MANNA, Inc.

Appalachian Student Health Coalition

Opponents to the workfare pilot project undertaken by the City Of Morristown point to both liberal and conservative arguments against the program.

Liberal objections center around the increased stigma that workfare will create at a time when new changes in the food stamp law had gone a long way in removing the stigma; and constitutional limitations in denying a person food stamp rights without "due process" as guaranteed by the Fifth and Fourteenth Amendments since anyone is entitled to food stamps as "a matter of right" once they meet the eligibility criteria. This property right cannot be denied without due process, which requires fundamental fairness such as a fair hearing with adequate notice. Involuntary servitude arguments based on the Thirteenth Amendment would probably not fare as well as "due process" objections and proof that the program was operated in an arbitrary and capricious, discriminatory manner due to a lack of sufficient guidelines which allowed abuses of power by the work sponsor City Of Morristown.

Conservative objections to the workfare project are that the administrative costs, which MUST be borne by city taxpayers through leftover federal grants or city funds, will far exceed any monetary benefits from the 160 or so workfare participants; and that the workfare program is another bureaucratic entanglement that simply duplicates existing programs similar in nature, such as the WIN Program which requires food stamp recipients to register at the Department of Employment Security.

Possible outside legal resources; ACLU, FRAC (MANNA), NAACP, local Legal Services offices and UT Law School faculty and law review students, Congressmen

Legal Articles : Crisis Of Coupons:Evaluation of the food stamp program,  
Conn. L Rev , 8:657-89,Summer 76  
End To American "seffdom"-need for farm legislation,  
Lab LJ 25:85-93,241-4,April 74  
"How to monitor federally funded public employment programs",  
Clearinghouse Rev 9:301-8 S 75 (KF 336.A3N33)  
Welfare Administration and the rights of welfare recipients,  
Hastings LJ 29:19-71, S 77  
World Food Crisis and the role of law in combatting hunger  
and malnutrition, J Int. Law and Econ. 10:725-46 1975

Further research: keep close eye on digests under key words "agriculture (1,2, and 3)", "Constitutional Law (Poverty)", "Administrative Law and Procedure", "Social Security 194.5".

See also 455 F Supp. 169 (Wolff v. USDA) where the Mo. district court in 1978 declared the arbitrary and capricious standard be used, applying it where a store had been barred from the food stamp program for various violations.

Miscellaneous: See Poverty Law Reporter 27,233 and also 26,359; 25,994

WA 390 S933 1979c

Crazy quilt :

nlm



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## DATE DUE

OCT 24 '98	AUG 02 2005	OCT 09 2006	Oct 11, 12
JCT 28 '98	SEP 22 2005	NOV 15 2006	1/5/13
SEP 1 '99	OCT 07 2005	2/24/08	2/10/13
APR 16 '99	OCT 08 2005	MAR 28 2008	MAY 9 2013
MAY 4 '99	NOV 02 2005	APR 08 2008	8/30/13
MAY 6 '99	NOV 21 2005	MAY 12 2008	10/1/13
MAY 7 '99	DEC 27 2005	MAY 29 2008	12/7/15
MAY 11 '99	May 26	JUN 13 2008	1/28/16
		SEP 15 2008	

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WA390-S933, 1979c

